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PROFESSOR VERNEUIL — THE TREATMENT OF SYPHILIS— BROMISM.

Mr. Verneuil asks the questions, should an infectious chancre be treated immediately, or should the treatment be delayed until the appearance of the secondary or tertiary symptoms? If it be decided to treat the affection, what method should be chosen? He condemns any delay in treating syphilis. It is impossible to foretell what proportions this affection will assume; he therefore adopts an immediate general treatment in order to prevent the possibility of tertiary syphilis. It is true that certain tertiary symptoms, as subcutaneous gummata, and superficial exostoses, are rapidly modified by iodide of potassium; but this is not the case in pulmonary, visceral, and hepatic syphilis, in osteitis, and neuroses at the base of the skull, perforations of the upper palate and bones of the nose, white tumors, lesions of the trachea, rectum, and testicles, etc. The iodide, when employed too late, fails to modify these symptoms. Certain patients, particularly herpetic subjects, cannot take this remedy. Mercury should be administered at the first appearance of syphilis; it has a cleansing action and facilitates the cicatrisation of the indurated chancre, mucous, humid or dry patches; under its influence arthralgia, nocturnal cephalalgia, facial syphilides, iritis, and certain forms of amblyopia disappear. It is employed with advantage in cases of repeated abortion, followed by the premature birth of sickly, diseased infants, and to combat syphilis in new born infants.

When it is difficult to arrive at a diagnosis, mercury should always be prescribed. Tumors of the testicle are sometimes cured in three weeks by mercury, in cases where the iodide has failed to produce any effect. The doses of the iodide should not exceed 3 gm. Doses of 5 or 6 gm. should only be employed in cases of gummata of the nose, of the upper palate, the soft palate,

the pharynx, and of the nail, where the gumma has developed rapidly. Mercury and iodide of potassium may be employed simultaneously to combat the secondary or tertiary symptoms of syphilis, when these symptoms are tardy. Professor Verneuil prescribes the following dose: 5 cg. of proto-iodide of mercury, and 1 gm. of potassium iodide daily. Gibert's syrup¹ is a good preparation, but some patients cannot take it. Baths of corrosive sublimate, in cases of extensive ulcerations are sometimes remarkably efficacious. Mercurial inunctions are only advisable when a speedy and energetic treatment is required, but the internal administration of the drug must be continued at the same time.

For the local treatment of precocious primary and secondary ulcerations, and of mucous patches, M. Verneuil recommends nitrate of silver and chloral. He prefers Vigo's plaster² in the treatment of tardy secondary and tertiary ulcers. He considers that the ordinary ointment of potassium iodide, employed in the treatment of connective tissue, glandular or osseous hyperplasia, contains an excessive quantity of iodide—1 in 15 is sufficient strength.

These opinions show that Professor Verneuil is a partisan of the premature treatment of this affection, and that he gives the preference to mercury in the case of certain secondary and tertiary symptoms.

The symptoms which follow the prolonged use of the bromide sometimes constitute what is called *bromism*; this affection may be serious enough to require treatment. It is characterized by diminished cerebral activity, apathy, stupor, imbecility, or somnolence, prostration, diminution of general sensibility, pallor, and considerable anemia; the patient grows thin, and arrives at a state of cachexia. These symptoms may be avoided by employing moderate and progressive doses of bromide, and by the simultaneous use of mild diuretics, which induce the rapid elimination of the drug. If, notwithstanding these precautions, the symptoms of bromism appear, certain tonics and chalybeates should be administered to combat the anemia; coffee or caffein may be employed to combat the somnolence or apathy; in cases where

¹ Biniodide of Mercury, 1. Potassium Iodide, 50. Water, 50. Simple Syrup, 2400.

² Emplast. Simpl., 2000. Cer. Flav., 100. Pix. Terebinth., 100. Gum Olibanum, 30. Gum Amoniac., 30. Gum Bdellium, 30. Gum Myrrh, 30. Crocus, 20. Mercury, 600. Turpentine, 100. Liq. Styraç, 300. Ess. Lavender, 10.

the eruption of bromism is confluent arsenic should be administered.

M. Bernier lately recommended the following method of administering bromide: It should be mixed in a large quantity of liquid, and administered *after* meals, in order to avoid contact with the wall of the stomach. He recommends the simultaneous use of arsenic in treating the accidents consecutive to bromism. For the local treatment of furuncles, he prescribes the following preparation of tannin:

Tannin, gm. 1.

Glycerine, 100.

This mixture is applied with a brush.

PROFESSOR BROUARDEL—CÆSARIAN SECTION—SIGNS OF RECENT AND REMOTE DELIVERY.

The fetus should be at least five months old when the operation is attempted. M. Tarnier recently succeeded in rearing two infants, which were born at five months, at the Maternité Hospital. According to the French medical code the fetus is not viable before the sixth month. Professor Brouardel considers that the Cæsarian operation should be performed when there is a reasonable chance of delivering a living fetus, and that a health officer or midwife is justified in performing it when the mother is dead. At the same time he admits that it is often difficult to certify this fact. A nervous attack or syncope frequently gives the appearance of sudden death to a healthy pregnant woman. In 1845, a certain Dr. Rig-audeau, removed the fetus from a woman whom he erroneously supposed to be dead. The mother and child both survived. Such a case is unprecedented. Speaking generally, the chances that a woman will survive the Cæsarian operation are very problematic.

Dr. Brouardel gives the following indications for ascertaining whether the operation has been performed on a dead or living woman. If there are no apparent traces of blood at the level of the uterus, it may be concluded that life was extinct when the operation was performed. If the patient was alive at the time, then traces of hemorrhage in the uterus will be detected.

Whether the Cæsarian operation should be performed on a woman who is at the point of death, or upon the body of a girl who has committed suicide to avoid dishonor, are questions which he is not prepared to decide. There is a law in France, as in other countries, by which physicians are obliged to perform the Cæsarian operation. At Vienna, a physician lately refused to

conform to this law in the case of a cholera patient, on the plea advanced by certain authorities that in cholera the fetus invariably dies before the mother. Dr. Brouardel accepts this assertion with reserve, although he admits that when the mother succumbs to cachexia, or poisoning, or to an infectious disorder, such as phthisis, small-pox, cholera, etc., the fetus very rarely survives.

He recommends the following means for determining whether delivery has recently occurred: The breasts should be examined, in order to ascertain whether they contain any milk. The weals or stripes on the abdominal wall, and the color of the linea alba should then be examined. Sometimes the weals are not present; they may be determined by other causes than delivery. In women with upright figures, the sacrum projects considerably into the small pelvis. In such cases, delivery causes the abdomen to distend considerably, and the abdominal wall will present numerous weals. If the patient is giving to stooping, the fetus may develop behind, in which case no weals will be observed.

Dr. Brouardel attaches great importance to the examination of the genital organs. These present contusions and erosions; the vulva and neck of the uterus are lacerated; the frenum pudendi has frequently given way. The nature of the discharge should be observed. It is composed of blood with clots during the first twenty-four hours; it then becomes serous until the fourth, fifth, or sixth day, and then white. The lochia ceases within twenty days. The character of the discharge will show whether delivery has occurred one, two, or three weeks previously. After delivery, the uterus is 20 or 22 cm. above the pubis; eleven days after delivery it is even with the pubis. It measures 11 cm. after the placenta is expelled. The uterus recovers its normal form between the fifteenth and twentieth days after delivery, but its normal volume is not restored for five or six months. At the necropsy the dimensions and weight of the uterus are valuable indications as to the time at which delivery has occurred. In a single woman this organ weighs 50 gm.; immediately after delivery it weighs 1,000 gm.; six days after delivery it weighs 650 gm. There are erosions in the mucous membrane. The region where the placenta was situated presents a corrugated surface, whilst the remainder is smooth. It is very difficult to diagnose delivery that has taken place at a remote period. The most valuable point in this diagnosis is the aspect of the neck of the uterus. In single women it is circular; the folds are smooth and rounded. In women who have borne

children it is transverse and wide; the folds are rough and irregular.

PROFESSOR SCHWARTZ—LARYNGEAL CANCER.

The illness of the Crown Prince of Prussia, and the recent discussion on the treatment of laryngeal cancer at the Academy of Medicine, induced M. Schwartz to resume a topic which formed the subject of his thesis for the *concours* of 1886.

At the outset, cancer may only produce slight phonetic disturbance. On examination with the laryngoscope, swelling, and occasionally ulceration of one of the vocal cords is detected. In many instances the progress of the disease must be watched before a diagnosis can be established. When surgical intervention is effected during the first period of laryngeal cancer, while it is still local, there is a greater probability of success than when it is effected later. In order to arrive quickly at a diagnosis, small portions of the tumor are sometimes removed, and examined with the microscope to determine the precise nature of the pathological tissue. This method is not applicable in every instance. Once the diagnosis is established, the tumor should be thoroughly and speedily extirpated. If, when (after tracheotomy) the thyroid cartilage is incised and the *alæ* separated, a circumscribed lesion, such as a hard tumor, resembling a papilloma, is detected, the ablation of the diseased part may suffice, and the cartilage of the corresponding half of the larynx need not be removed; but if the evil shows signs of spreading to the perichondrium and cartilage, then partial extirpation of the larynx must be effected. This method is less critical than total extirpation; recurrence does not follow more often than in the latter operation, and the patient is not, as in this case, obliged to wear a canula or artificial larynx. When a soft, infiltrated tumor is detected in the larynx, palliative tracheotomy should be employed. In short, in M. Schwartz's opinion, hemi-extirpation of the larynx should be effected in cases of unilateral, localized lesions. In cases of soft infiltrated cancer, he prefers a palliative method, such as tracheotomy or laryngotomy in the crico-thyroid space.

In cases where cancer has extended to both sides of the larynx, M. Schwartz considers that tracheotomy is the safest method to employ. It obviates the immediate danger of suffocation, and sometimes prolongs the patient's life by two, three or four years.

In a communication recently made to the Medical Society of Berlin, Dr. Hahn stated that he had performed extirpation of the

larynx fifteen times. Only two of the patients survived; one of these was operated on seven years ago; the other, two and a half years ago. These results show that if total or partial extirpation may be employed in cases of hard cancer, it should be avoided in cases of soft, infiltrated carcinoma.

M. Schwartz concluded with the following indications: Once the diagnosis of cancer is clearly established, if the patient is threatened with suffocation, tracheotomy should be performed sufficiently low down to ease the larynx. This operation frequently allays several painful symptoms (fits of coughing, shooting pains, salivation); moreover, it sometimes retards the progress of new formations. If the cancer is a hard epithelioma characterized by slow evolution; if it is confined to one side of the larynx, and if the glands are not involved, tracheotomy may be followed by resection of the corresponding half of the larynx. The patient should be accustomed to wear a canula-plug immediately after the tracheotomy. Unilateral or total ablation is the only curative method for soft diffuse cancer, but this operation is so critical that it should only be resorted to in particular cases. When cancer has spread to both sides of the larynx, total extirpation and tracheotomy may be necessary, but Dr. Schwartz considers that in most cases tracheotomy alone should be resorted to. This operation constitutes the only safe form of surgical intervention, when the peculiar circumstances of a case of laryngeal cancer render a radical operation dangerous.

PROFESSOR OLLIVIER—THE DIAGNOSIS OF SMALL-POX.

At the onset of a papular eruption it is often difficult to decide whether the case is one of measles or of small-pox. The following method is a certain means of determining by which of these diseases the eruption is produced. If, upon stretching a portion of the skin the papule becomes impalpable to the touch, the eruption is caused by measles; if, on the contrary, the papule is still felt when the skin is drawn out, the eruption is the result of small-pox. This method of arriving at a diagnosis was discovered by M. Grisolles, and might well be designated as *Grisolles' sign*. M. Ollivier states that in modified small-pox, marked or slight fever with suppuration, is always present. In variolous eruptions, even when these are confluent, the skin of the abdomen is the region which is least affected.

ON THE DIFFICULTIES OF DIAGNOSIS IN TUMORS OF THE BRAIN.

By W. HALE WHITE, M. D., London,

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Probably there are few diseases in which the difficulty of diagnosis varies so much as it does in cases of tumor of the brain. It may be the easiest diagnosis to make, and it may be one of the most difficult. There comes a time in the history of almost all tumors of the brain where the diagnosis is easy enough, but frequently this diagnosis is not made nearly so early as it should be. Only once have I ever come across, at a *post-mortem* examination, a cystic tumor, the existence of which was not suspected during life. The brain was one removed from a person who had died in Guy's, but in whose case there were so few cerebral symptoms that it was not examined till it was sent down to the dissecting room; there one of the students called my attention to the fact that he had discovered a tubercular mass in one-half of the cerebellum. But it is no credit to us to diagnose these cases very late; we must try to discover them in their earliest stages, because an early settlement of the true nature of the disease is by no means purely of scientific interest, for although treatment is often of but little avail, still in some cases, such as those of gumma, we may do good. Now-a-days, that it is possible to remove cerebral tumors, the probability of doing so successfully will be greatly enhanced by getting the cases early, and, apart from treatment, is the prognosis of great importance, for if through a faulty diagnosis, we tell a patient who has a headache that he will soon get well, when events show that he soon dies, not only are the friends, but the doctor also is vexed to think he did not discover the real nature of the case when he first saw it. I have just mentioned the only case I have ever met in which the patient had a tumor of the brain, but in whom the malady was not diagnosed during life. This is of excessive rarity; in fact, Dr. Fagge says he has never seen such a case. Now, I will relate an example of a group of cases, less rare, namely, those in which the diagnosis is not made till the case has made some progress:

Alice H——, æt. 26, was admitted into Guy's Hospital June 14th for severe pain in the forehead and vertex. Family history of consumption. She never had any illness before the present, and has not been liable to headache or loss of sight. Eight years ago she fell down, striking her head on the left side, and she was un-

conscious for some time. She has been ill a month, with severe pain over both eyes, shooting up to the top of the head. She has also become very near-sighted; frequently, when walking about, she has lost the power of sight altogether for a few seconds, without loss of consciousness. She is sometimes giddy when eating, and has been sick twice since the beginning of her illness, but not severely. After her death I went to see her brother with whom she lived, and questioned him closely, but could obtain no further history from him. None of her friends thought her ill, and they expected her to be well shortly. The doctor who saw her, and he was one of the most distinguished physicians in London, does not seem to have thought the case at all serious; all he was told was that she had pain in the head. Her brother said that he thought, now his attention was called to the fact, that during life she was a little mysterious. She would often use the phrase "I am thinking," and when her brother asked what she was thinking about she declined to say. He did not think that her memory, reasoning or emotional faculties, were at all impaired. She was engaged to be married and would take long walks with her *fiancé*, remaining constant to him till the end.

On Admission.—No paralysis or anesthesia; in short the only sign to be detected was marked double optic neuritis. She complained of nothing but intense frontal headache. She used to walk about the ward and assist the nurses. At 2 A. M., June 22d, was found dead in bed.

Post-mortem Examination.—Brain, membranes and vessels healthy. The convolutions were flattened, especially those of the left frontal lobe, which was much more prominent than the right, projecting forwards beyond it considerably. In the left frontal lobe a hardness could be felt. On making horizontal sections, it was found to contain a very light colored greyish new formation, which at the front and on the outer part contained a cyst full of fluid. The new formation avoided completely, the motor convolution; the ventricles were dilated. Excepting those parts just mentioned, the whole of the brain was absolutely healthy. The microscope showed the tumor to be a glioma.

This is an extremely important case, as showing the great difficulty of diagnosis in the early stages; for when she was first seen she complained of nothing but headache and did not mention her condition of sight, for at the early stages it was not much affected and only gave her the idea that she was a little short-sighted. She only vomited twice during the whole illness. It is true that later

on the diagnosis was made on account of the optic neuritis, but the case is brought forward to emphasize two points: Firstly, that in the early stages the diagnosis may be very difficult; and, secondly, that the patient may actually die without any further symptoms than headache and optic neuritis. So that, had we omitted to examine this patient's eyes, we should never have found out during life what was the matter with her.

In the first case I drew attention to, the tumor was in the lateral lobe of the cerebellum, in the second it was in the frontal lobe; so that we may conclude that in these two situations the growth is most difficult to diagnose. It is possible that a growth in the extreme posterior part of the occipital lobe would be difficult to diagnose; but such a position is very rare. It must be remembered that sometimes growths in these regions will produce paralytic symptoms as a result of their great pressure. Thus, a tumor in the frontal lobe may, by pressing down upon the nerves at the base of the brain, compress them against the base of the skull and produce, for example, a squint. As an example of this possibility, I may take the following from my case-book:

A little girl, aged about eight, was sent to me by Dr. Brailey. Five years ago she had a severe blow on the back of the head; the doctor said it was concussion and put her to bed. Her present condition is that she has frontal headache, left internal strabismus, and optic neuritis. The optic neuritis makes it almost certain that she has a growth within the cranium—and, perhaps, the left internal strabismus might make one put the growth at the base of the brain, pressing on the left sixth nerve, paralyzing it and thereby leading to over-action of the internal rectus, but I think it is quite a possibility, that the blow at the back of the head may by *contrecoup* have damaged the frontal lobe on the left side. The increase of the frontal lobe by new growth secondary to its damage has led to increased intracranial pressure, which has had the effect of jamming the left sixth nerve against the sphenoid bone, and thus paralyzing it, for it is to be remembered that of the nerves in the cavernous sinus the sixth is the lowest, and therefore most likely to be pressed first.

The advantage of this hypothesis over the first is, that it avoids the necessity of supposing the existence of so small a growth as to affect the sixth nerve only; it places the tumor at the seat of the headache, and, lastly, it connects the growth with the blow. This last is an important fact, for the opinion of all those who have paid special attention to this subject is that tumors of the brain are

undoubtedly set up by a blow, and this partly explains the fact that tumors of the brain are about twice as common in men as in women, for the former, on account of their more dangerous occupations, are more likely to receive blows on the head. Still, inasmuch as male children are much more liable to cerebral tumors than female children, difference of occupation is not the whole explanation. If a case of tumor of the frontal, or occipital lobe, or lateral lobe of the cerebellum were to recover, the case would present very great difficulties; but, unfortunately, such a thing is extremely improbable, for almost the only tumors capable of recovery are gummata, and it is extremely rare for them to be situated in either of the positions just mentioned, and even if they were, there would probably be a syphilitic deposit elsewhere within the cranium, giving rise to symptoms indicating its position.

I may be, however, excused for mentioning a case of frontal lobe tumor which did recover, not because the diagnosis was difficult, but on account of the extreme rarity of the case. Amelia, A—, æt. 11, was admitted into the Children's Hospital with an abscess over the left eye, about an inch above the eyebrow. This was opened antiseptically, and was found to be due to dead bone; the necrosed bone was trephined away, and then there was found on its inner surface a sarcomatous tumor, which was implicating both brain and bone. This was burnt away with nitric acid, and, after a sharp attack of meningitis, the child recovered. She went to school and was in nowise deficient in intellect, and died some years after from small-pox.

The symptoms of tumor of the brain may be divided into two great groups. The general, the chief of which are headache, vomiting and optic neuritis, which may occur wherever the tumor is situated, and others, special ones, such as convulsions and paralysis of various sorts, due to irritation or destruction of various parts presiding over definite functions. Now, the difficulty of diagnosis in the cases we have been considering, arises from the fact that in them the second group of symptoms is wanting. Therefore it behooves us to examine the first group very carefully.

The headache of cerebral tumors is rarely or never absent, but may be paroxysmal in the earlier stages of the illness, although it tends to become continuous as the malady advances. The position of it is fairly constant, and is sometimes located over the tumor. This may be so marked that from the constancy of the pain in one spot the patient may say that he is sure there is something inside his head. It would be out of place here to enumerate

all the causes of headache, but it will be wise to indicate those which are most likely to be mistaken for cerebral tumor. I think the various reflected headaches, such as that due to myopia, disease of the teeth, disease of the nasal mucous membrane, are most frequently likely to lead us into difficulties. The eye one especially, for we might hastily conclude that the difficulty of vision of which the patient would complain was due to optic neuritis, if we got it into our heads that the patient had a cerebral tumor. I have known this mistake made. A child who complained of severe frontal headache was condemned because she said she had some difficulty of sight. A pair of spectacles soon cured her. Then again, severe constant headache due to teeth is often overlooked. Like the eye and the nose headache, it resembles the tumor headache in being often at one spot. It must be carefully remembered that the tooth itself need not be in a condition to give pain. I well remember a gentleman who was so sure that a decayed tooth was not the cause of his trouble that he required the greatest persuasion to have it out, but was both surprised and delighted after the extraction to find that the pain ceased. The headache reflected from disease of the nasal mucous membrane is comparatively rare, but is nevertheless often overlooked because of the difficulty of examining the nose, but in cases of headache its possibility should always be borne in mind. The anemic headache will be mentioned in connection with optic neuritis. Many other headaches, such as toxic, pyrexial, gouty, rheumatic and syphilitic are distinguished by other symptoms. Others, again, such as gastric, neurasthenic and neuralgic tend to pass off; the hysterical may give rise to difficulties, but is usually characteristic, as is also hemicrania or sick headache. Still it will, I think, be allowed that the diagnosis of a headache as certainly cerebral is by no means always very easy, whilst, on the other hand, the cases I have selected show that it may be due to cerebral tumor when it is the only symptom of that lesion.

Although I have mentioned vomiting as one of the general symptoms of cerebral tumor, there is no doubt that this is not strictly correct, for statistics show that it is much more common when the tumor is in the neighborhood of the cerebellum and fourth ventricle, which is to be expected considering the position of the vomiting centre, so that although vomiting is strictly a local symptom, nevertheless it is so common in cases of cerebral tumors that it holds an intermediary position between local and

general symptoms. When it occurs in cases in which the growth is not near the vomiting centre it may be looked upon as a pressure symptom, for the centre is a very susceptible one, and as such would be easily affected by alterations in general intracranial pressure. But, considering that when the vomiting is due to a growth near the vomiting centre, there will of necessity be other signs indicating its presence, and when it is due to pressure, by that time it is probable that the optic neuritis or other symptoms will have clinched the diagnosis, we see that its presence is of no very great importance in the diagnosis of these obscure cases that we are considering; its use is chiefly as a confirmatory sign.

Although constipation and wasting, both of them generally occur in cerebral tumor, they are present in so many other diseases that I do not think they particularly aid the diagnosis.

With regard to optic neuritis, there is no doubt that the presence of it with regard to obscure headaches which might be cerebral, almost certainly clinches the diagnosis, but it must not be forgotten that there may exist considerable optic neuritis without any impairment of vision, so that merely asking the patients about their sight is by no means sufficient. Whether or not a cerebral tumor can exist without optic neuritis we need not discuss, because it is present in such a very large proportion of the cases that it is excessively improbable that it will not develop itself in the small group we are considering. But then there is the other question, namely, whether it may be present without an intracranial lesion, and there seems to be no doubt but that it may, in rare cases of anemia and chorea. The latter is such a distinctive disease that it need not be considered, but it is just possible that a case of anemia might form a combination of anemic headache and optic neuritis and be mistaken for a case of cerebral tumor; but, considering the rarity of optic neuritis as a symptom of anemia, it is very improbable that this mistake should be made. Still, I have once known it happen. A girl was sent into the hospital for cerebral tumor. She had headache and optic neuritis, but as she was very anemic she was put upon iron. The headache, neuritis and anemia all disappeared, and she left Guy's quite well.

The conclusion, then, that we may come to is, that tumors of the frontal lobe, occipital lobe and cerebellum may be very obscure, presenting for a long time nothing but headache, and that in all cases of obscure headache the doctor should always keep in view the possibility of cerebral tumor, and by frequent examinations of the optic disc should seek to clinch the diagnosis as early

as possible. Hitherto we have considered only the question of the diagnosis of the presence of a cerebral tumor; now we will consider for a few minutes the method of finding out the nature of the tumor, under which term we must include both gummata and masses of tubercle.

Now, with regard to gummata, of course the history of other symptoms of syphilis is of very great importance. Furthermore, as has been previously hinted, multiplicity of symptoms which cannot by any ingenuity be all referred to a single growth in one spot, is highly suggestive of syphilis. Again, if the symptoms lead you to suspect a growth in the substance of the brain, do not diagnose syphilis, for all large collections of cases show that syphilis is limited to the surface of the brain, growing inward, and never originating in the cerebral substance. Men, as might be suspected, are more liable to cerebral gummata than women. It is a disease of early middle life. A history of an injury does not exclude gummata.

Tubercular masses in the brain are usually found in children—never after middle life. There is usually more than one, and symptoms of meningitis are then likely to be present, because inflammation of the membrane is very liable to be set up by the cheesy masses. The most extraordinary peculiarity of the tuberculous masses is the frequency with which they affect the cerebellum, so much so that if you, from the symptoms, diagnose a cerebellar tumor in a child, you may be almost certain that it is tubercular. Generally there are other symptoms of tubercle elsewhere in the body, but their absence must not be taken as certainly indicative that the growth in the brain is not tubercular, for it is well known how common it is for the physician to discover tubercular masses in the mesenteric or bronchial glands in children at the autopsy, when their presence was not suspected during life. Tubercular masses in the brain are generally pretty distinct from the surrounding tissue.

Of other forms of tumors, glioma is by far the most common; there are very few other places in the body in which they occur, namely, in the eye, cord and suprarenal capsule. They are single in the brain and do not infect the other parts of the body with secondary growths. I know of no case in the pathological records of Guy's Hospital, or elsewhere, in which the growth was undoubtedly a glioma and yet was accompanied by similar growths elsewhere in the body. So that if I found a tumor, which at first sight I thought was a glioma, was accompanied by growths elsewhere, I

should take it as certain that it was a sarcoma, for frequently it is very difficult under the microscope to tell a glioma from a sarcoma; so much so, indeed, that Virchow recognizes the existence of an intermediary glio-sarcoma. Gliomata may occur anywhere in the brain, but in children they have a special predilection for the pons, which may be largely swollen and become four times its natural size, but yet remain uniform as a consequence of this gliomatous enlargement.

Carcinomata can only be diagnosed as certainly present when we have a primary seat elsewhere. I do not know of its existence in the brain as a primary growth. There is one case mentioned in the pathological records at Guy's, but I think a perusal of it will show that its exact nature was questionable. I remember seeing a case in which a tumor of the brain was diagnosed; that organ was the first examined after death and a cancer was found, although no primary one had been detected during life. A very thorough search, however, revealed in the breast a small scirrhus too small to have been detected before death.

Carcinoma of the brain secondary to growth elsewhere is, however, decidedly rare. The most frequent secondary growth is sarcoma, and these sarcomata are nearly, if not always, multiple, whilst we saw that gliomata were usually single. The other growths in the brain are too rare to be of much diagnostic importance. Both *tænia echinococcus* and *cysticercus cellulosæ* may affect the brain, but neither are common in England. The diagnosis of the nature of the tumor is, however, not of very great importance, for inasmuch as a gumma is the only one we can affect by medicine, and, also, inasmuch as our diagnosis of the nature of the growth can never be absolutely certain, we ought in all cases to give large doses of iodide of potassium, which may be safely pushed to 30 or 40 grains thrice daily.

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HYDROPHOBIA.

Read before the Sacramento Society for Medical Improvement.

By H. VOELLER, M. D., Sacramento, Cal.

Hydrophobia derives its name from the most striking symptom of the disease: the dread of water. The Germans call it *lyssa*, from the Greek *lytta*, signifying a small worm, which ancient writers state was found under the tongue of the rabid dog, and which was considered to be the cause of the disease and its con-

tagium. The disease is produced by the bite of a rabid animal, commonly a member of the canine family, the virus being transmitted by the saliva. Rabies has been observed by credible authorities in men and dogs who had not been bitten; but this does not prove a spontaneous origin, for it is much more probable that the poison has been conveyed unawares, as by a scratch, or by contact with objects moistened with the saliva of a rabid animal, the disease always resulting from the introduction of a specific virus into the system. Cases of hydrophobia are reported from bites of animals, which were not rabid at the time. But, Youatt, who has, perhaps, seen more of the disease than any other person, describes cases in which, though there had been no symptoms of rabies at the time the injury was inflicted, yet soon afterwards the animal became decidedly rabid. It seems also possible that in rare cases rabies may affect a dog as a mild and insignificant malady; unfortunately the dog is often destroyed before it has been undoubtedly ascertained that it was rabid. The virus cannot be communicated through the sound skin; there must be an abrasion or breach of surface. It may, however, be communicated by contact with a mucous membrane, if reported cases are authentic, unless the lips in these instances happened to be chapped or abraded.

It is an interesting question whether the saliva of a rabid man is capable of inoculating another human being. Many experimenters have tried in vain to inoculate dogs with the saliva of a hydrophobic man; but there is but one authentic case on record (Magendie and Breschet) which has proved that the saliva of a person suffering from the disease is capable of communicating it to animals. It is, therefore, very probable that the disease, though it may not be transmitted often or easily, is yet communicable to man also. Still, it is a strange fact that of the thousands of persons who have attended on patients with hydrophobia, no authentic instance has been recorded in which the disease was contracted either by attendance during life or inspection after death.

Immunity.—It is curious that different species of animals appear to be susceptible to hydrophobia in different degrees. Thus, according to Youatt, two dogs out of three bitten become rabid. Cattle fare better, perhaps, because in them the skin is looser and less easily penetrated; at least half of those bitten escape. With sheep the bite is still less dangerous, not more than one in three being affected, the tooth, perhaps, having been wiped clean in its passage through the wool. Man is least susceptible; Hunter esti-

mated the proportion as one in twenty, and Hamilton as one in twenty-five. While these computations may be too low, there is no doubt that the majority, probably two-thirds, of persons bitten escape the disease. This may be partly owing to an inherent inaptitude, as similar differences in susceptibility have been found to exist in animals; but probably far more will depend upon the circumstances and manner in which the bite is inflicted. The virus may have been wiped off by the clothes in the act of biting, or it may have been exhausted before the injury was inflicted, for it is recorded that of a number of persons or dogs bitten by the same animal, those only became rabid who were first exposed; on the other hand, it sometimes happens that nearly every one bitten is effectually inoculated. The saliva of a rabid wolf would seem to highly virulent; but these beasts fly always to a naked part, and hence the greater fatality of their bites—considerably more than one-half of the victims perish.

Incubation.—A certain period is necessary to enable the poison to explode upon the general system; in other words, to multiply itself and to extend its influence. The time of incubation of the virus of hydrophobia is indefinite, and longer than that of any other acute specific disease. It is considerably shorter in animals than in man, and in very young persons than in adults, and it may be said to range from six weeks to eighteen months. Romberg states that an analysis of sixty authentic observations has shown that the shortest period is fifteen days, the longest from seven to nine months; the average from four to seven weeks. But there are cases recorded in which three, five, and even twelve years have intervened between the inception of the poison and the subsequent attack. In those cases there may have been some unsuspected reinoculations. If, however, we admit, as we must, that twelve or eighteen months may elapse, we can scarcely deny the possibility, or even probability, of longer periods, for it is as hard to explain an incubation period of one year as of five. We must, therefore, conclude that the poison lies inert at the site of the original injury, and only become destructive when under certain obscure conditions, and at indefinite periods it is set afloat in the circulating blood. Yet it is certain that the disease is often developed within the usual time after the most prompt and complete excision of the parts bitten.

Symptoms.—When a person has been bitten by a mad dog, the wound behaves in a manner similar to one inflicted by a non-rabid animal. During the period of incubation there are commonly no

symptoms. After an uncertain interval the subject experiences pain or some uneasy or unnatural sensation in the region of the bite. If it has healed up, the cicatrix tingles, aches, feels cold, stiff or numb; sometimes it becomes visibly red, swollen or livid; sometimes a red line can be traced in the direction of the lymphatics; sometimes, though rarely, the scar opens afresh and discharges a peculiar ichor, but often there is no change whatever in the cicatrix. The pain or uneasiness extends from the sore or scar towards the central parts of the body; *i. e.*, if the bite have been inflicted on a limb, the morbid sensation extends towards the trunk. This period is called the period of recrudescence. It seldom fails to occur, although it is sometimes unnoticed, the attention of the patient and his medical adviser being absorbed by the horrible sequel. Simultaneously with the local affection, evidence of general indisposition appears. The patient feels unwell, his head aches, his sleep is disturbed by unpleasant dreams, he feels melancholy and depressed, and he has occasional attacks of chilliness, with a highly impressible state of the nervous system. The poison is now fairly at work. Soon after the renewal of the local irritation—a few hours, perhaps, but certainly within a few days—the specific constitutional symptoms begin. He is nervous, irritable and complains of pain and stiffness about the neck and throat; he finds himself unable to swallow fluids, and every attempt brings on a paroxysm of choking. This continues for two or three days, till the patient dies exhausted.

Anatomical Characters—The morbid anatomy of the disease throws but little light upon its nature or proper treatment. It is needless to enter into a minute account of the morbid appearances met with in persons dying from hydrophobia. They are various, uncertain and unsatisfactory. Vascularity of the brain and spinal cord has been noticed, especially of the medulla oblongata and the corpora olivaria (Youatt). The mucous membrane of the pharynx is red and congested. This is obvious when we consider the violent straining and spasmodic action of those parts for some time before death. The character of the symptoms of hydrophobia during life and the absence of all definite and constant traces of organic changes after death sufficiently marks the disease as belonging essentially to the nervous system. Romberg, therefore, classified it as a toxoneurosis.

It has been questioned whether there is such a disease as hydrophobia, the cases recorded being ascribed to a neurotic condition produced by the alarmed imagination of the patient, who, having

been bitten by a dog reputed to be mad, is frightened into the belief that he has hydrophobia, and is ultimately scared out of his very existence. There is no doubt that there are cases where, after a period of anxiety regarding the consequences of a bite, mere mental excitement directed to the disease may determine symptoms of dysphagia, somewhat resembling the genuine disease in its early stages, the patient's fears are intensified, and the symptoms increase. This has been termed spurious hydrophobia, and the distinction between genuine rabies is often rendered extremely difficult. In support of this proposition it is urged that the period of incubation has no parallel in any infectious disease. Other ferments do not remain inoperative for an indefinite time. Lodging in an organ they presently disturb its functions, or they are more or less rapidly eliminated from the system through one or more of its natural emunctories; or they produce specific and constant results after periods of incubation, which are also definite and constant. But there is no instance in which a poison remains latent for an indefinite and prolonged period to give rise at last to symptoms that are strictly specific. The frequent immunity of persons bitten is also cited, and the fact that none of the phenomena of the disease are constant—even the dread of water is not invariably present. The anatomical changes also are by no means constant, nor do they at all equal what we would expect to find from the symptoms present during life. Finally, the preventive treatment, the application of nitrate of silver, a caustic, the effect of which is merely superficial—so highly recommended and so successfully used by some of the best authorities (Youatt, Blanc)—by no means strengthens the belief in the existence of so powerful a poison.

Taking these objections in their order, we find that many persons bitten by mad dogs have been under no apprehension at all until seized by the disease. Many, also, have been men of naturally strong and well-balanced minds, not at all likely to be frightened into believing that they were seriously ill, unless they really were so, and still less likely to be terrified into their graves. The disease has occurred in infants and idiots, who had never heard or understood a word about mad dogs or hydrophobia, and in whom the imagination could have had no power in eliciting the malady. It is further interesting to know, that idiosyncrasy exists in animals as well as in man, and that the same uncertainty of incubation has been noticed amongst infected dogs. The average period of incubation in dogs seems to be about 40 days—the minimum 14 and

the maximum 75 days—but authentic cases are reported where it took 155 and 183 days. According to Flemming it appears to be sometimes hastened by excitement, anger, sexual irritability, terror, injury to the cicatrix, sudden changes of temperature and other causes. Recent investigations have thrown more light on the anatomical characters of the disease. The microscope has shown that minute changes in the nerve-centres are found almost constantly, either confined or most intense, in the region of the medulla oblongata, which is contiguous to the lower part of the fourth ventricle—that is, in the neighborhood of the respiratory centre, the convulsive centre and the centre for deglutition. The change in the nerve elements themselves, consists in a granular degeneration of the ganglion-cells of these regions. In the dog the changes are similar in character and distribution.

Differential Diagnosis.—Hydrophobia, *i. e.* the dread of water, may be present in certain maladies that have nothing in common with rabies. Women have been hydrophobic during pregnancy, being entirely free from it after delivery. It is necessary to be aware of such peculiarities to avoid committing criminal errors. Vidal mentions an instance in which a terrible mistake occurred: A decidedly rabid subject died in the hospital of a large city. Shortly after a man afflicted with a severe angina was admitted and placed in the same ward. A few hours later the visiting physician, whose mind was completely occupied with the terrible sufferings of the deceased, was informed by his assistant that a patient had been admitted who was unable to swallow. An extemporaneous diagnosis of hydrophobia was made, which was confirmed when the patient refused to drink. Force was used and met by violent resistance. The patient was secured, upon which convulsions set in, the case terminating fatally next day. The autopsy showed the mucous membrane of the fauces red, swollen and covered with adhesive mucus—all the signs of an intense angina—which did not permit the patient to swallow even liquids. Similar instances may have frequently happened in former years, and are attributable to the cruel treatment adopted where the least suspicion of rabies existed.

In cases where throat spasm is absent and great mental excitement early occurs, the diagnosis is a matter of great difficulty, and when no history can be obtained, the disease may be confounded with acute mania. When the general muscular spasms predominate over the respiratory spasm, even in the early stages, it may resemble tetanus, from which hydrophobia is distinguished by the

late period after injury at which the symptoms develop, and by the absence of trismus and continuous spasm. But the period which intervenes between the occurrence of an injury and the development of the tetanoid disease may vary considerably, and the tetanic attack may not take place under eight or ten weeks after the wound is completely closed. Although the character of the convulsive symptoms in hydrophobia differs generally from tetanic spasms, too much weight must not be laid on this, since there is probably a tetanoid form of hydrophobia.

Nature of the Contagium.—At present nothing is known about the nature or composition of the poison, or the circumstances necessary for its production. It is not even certain whether it be organic or inorganic, and the hypothesis that infection is due to the presence of a microörganism is only to be preferred because it agrees better with the facts. In support of this hypothesis the period of incubation is against infection being caused by substances which, from their chemical or physical peculiarities, are injurious to the organism, as in that case the symptoms appear immediately. If the virus of hydrophobia is supposed to consist of microorganisms, the period of incubation, when not of great length, is more readily understood. It may be supposed that these organisms are transferred in too small numbers to do harm, but that they multiply in the infected person, and when a certain degree of intoxication is reached they manifest their injurious influence. M. Pasteur believes that the virus of rabies is a living microörganism, and that like some others, it produces in the tissues it invades an excretory substance by which, when present in sufficient quantity, its own development and increase are checked, as are those of the yeast ferment by the alcohol produced in the vinous fermentation.

Causes and Propagation.—In regard to the cause of rabies in the dog, I believe with Youatt, that rabies never develops spontaneously, but is always propagated by the specific virus. All experiments to produce rabies in dogs spontaneously have failed; heat starvation, thirst, unwholesome food or close confinement have not caused any approach to a state of rabies, and the disease does not seem to have any connection with the period of sexual heat. This is further corroborated by the fact that rabies, although met with in every climate, and at all seasons of the year, is unknown in some countries—in the Isle of Cyprus, for example, and in Egypt. And Dr. Heineken states that curs of the most wretched description abound in the Island of Madeira; that they are afflicted with almost every

disease, tormented by flies, heat, thirst, and famine, yet no rabid dog was ever seen there. Rabies is comparatively rare throughout the West Indies. It was imported to Jamaica after the island had enjoyed an immunity from the disease for at least 50 years. Hydrophobia is more common in Canada, and in New England than in the Southern States, and as a general rule is found more in northern than in southern latitudes. Northern Europe, however, has furnished a greater number of cases than perhaps any other part of the globe. The disease is, according to Youatt, mainly propagated by the fighting dog in the city, and by the cur or lurcher in the country; in fact, by those dogs which minister to the vices of the lower classes in town or country. The majority of cases in man are contracted from straying or pet dogs.

(To be concluded.)

1020 Sixth Street.

REPORTS FROM THE HOSPITALS AND ASYLUMS OF THE PACIFIC COAST

GERMAN HOSPITAL,

San Francisco, Cal.

UNDER THE CARE OF J. F. MORSE, M. D.

[Reported by H. HOFFMAN, M. D., Resident Physician.]

A Series of Resections.

Case I. F. P——, 35 years of age, admitted June 28, 1887, was run over and sustained a fracture of the right ankle joint. Was treated in the country for three weeks. Patient, a strong and healthy man; temperature normal. Tibia protruding through wound of soft parts for space of two inches; edema of the foot which is dislocated; unhealthy appearance of the wound. After careful disinfection, an Esmarch's bandage was applied and a resection of the joint made after v. Langenbeck's method. Two inches of the tibia removed; lower fragment of fibula removed entire, measuring three and a half inches; articulating surface of astragalus also removed; antiseptic dressing. Patient remained without fever until his departure. At the end of two weeks gypsum bandage applied; renewed at the end of three weeks. Patient dismissed at the end of eight weeks with a fresh plaster of Paris cast.

Case II. Aug. S——, æt. 11 years, has been sick for eight months with hip-joint disease. Remained in bed during that period. A spontaneous luxation upon the dorsum of the ilium occurred. Patient extremely anemic; dullness on percussion over left lung at apex; urine free from albumin; a large fluctuating swelling over left gluteal region. Operation (v. Langenbeck's) on

the 27th of June. Anesthetic employed, a mixture of chloroform and oxygen; about 100 grammes of pus evacuated; resection of the head of the femur above the trochanter minor; scraping out of acetabulum; double drainage tube; suture of wound; antiseptic bandage; dressing changed at end of a week; at the end of three weeks plaster of Paris cast applied. After forced feeding the patient became so stout that it was necessary to cut open the plaster cast over the abdomen. Lung symptoms disappeared. At the end of five weeks new cast; wound entirely healed. Taylor's apparatus applied seven weeks from date of operation, and patient sent home.

Case III. Chas. W—— 39 years of age, has been troubled with an abscess in the right inguinal region for one year and a half. Patient strong and well developed; lungs and kidneys normal; right femur flexed at angle of 35° ; above Poupart's ligament, fistula with deep canal extending backwards along ilium; temperature at night, 39.5° C; pressure over trochanter extremely painful, as well as when the joint surfaces are pressed against one another. Roser-Nelaton's line normal. Edema of entire limb. Operation on the 14th of August. Resection of the hip joint, after v. Langenbeck. Anesthetic, mixture of chloroform and oxygen, given by Dr. Kreutzmann. Difficult enucleation; destruction of bone far below the trochanter; bone removed one and a half inches below trochanter minor; acetabulum scraped; communication with pelvis could not be found. Two drainage tubes, suture, antiseptic bandage (which is changed twice a week for the first three weeks). The resection wound heals rapidly; the fistulous opening above Poupart's ligament still persists, although the patient has ceased to have pain, has grown stout and is able to get about on crutches.

Case IV. Mr. H—— noticed, three weeks ago, a swelling on the inner side of the left femur, immediately above the knee, which prevented him from walking. He therefore entered the hospital. Young and healthy man. Tumor over internal condyle of femur the size of a fist; without fever. Diagnosis—osteosarcoma. Consultation with Dr. Boyson, of this city, a friend of the patient. Diagnosis confirmed. Amputation at middle of thigh; antiseptic precautions; bandage removed at end of eight days. In two weeks the patient left the hospital. Microscopical diagnosis of tumor, which extended through the condyle into knee joint, large-celled sarcoma.

Case V. Miss H——, aet. 15 years; confined to bed for four years. First had coxitis of right side, which terminated in complete ankylosis. For the last twenty-one months has had inflammation

of left hip joint. Patient extremely cachectic; blue lips and fingernails. Well marked dullness on percussion over left apex as far down as second rib. Crepitation in lung distinct. Tubercle bacilli in sputum, which was enormously profuse. Urine cloudy, and rich in albumin. Trochanter major one inch above the Roser-Nelaton line. Two large fistulæ in thigh, covered with dirty black granulations; one was situated on outer side of thigh, the other in inguinal fold. Operation on the 8th day of October, v. Langenbeck's incision. Head of bone completely destroyed; removed in pieces; scraping out of acetabulum and fistulæ. Patient nearly died on table, and recourse had to be made to hypodermic injections of ether and whiskey. Wound sutured and drained. Dressing changed in first week every two days on account of extremely profuse secretion. Patient rallied well from operation; gained ten pounds in three weeks, and was dismissed from the hospital at the end of eight weeks, with a small fistulous opening in groin. The expectoration ceased almost entirely, but some albumin still remained in the urine, although greatly reduced in amount.

Case VI. Mr. C—— shot himself two days before admission, in lower part of right leg. Healthy man, with slight fever. Pressure on malleoli very painful, especially over external malleolus. An incision made over latter, and bullet extracted. Several days later high fever, 40° C. at night; ankle joint greatly swollen and painful. October 15th resection of ankle joint, after v. Langenbeck. Tibia found carious, denuded of articular cartilage. Dressed in the usual manner. At the end of five weeks wound entirely healed, and patient is permitted to leave the hospital, with plaster of Paris cast.

DEPARTMENTS.

OBSTETRICS, GYNECOLOGY AND PEDIATRICS.

BY WALLACE A. BRIGGS, M. D., Sacramento, Cal.

Puerperal Fever. *Causation.*—In opening the recent discussion on puerperal fever before the Obstetric Section of the British Medical Association, DR. PLAYFAIR used the term puerperal septicemia, interchangeably with puerperal fever. He said: "I take it to be now almost universally admitted that puerperal septicemia is practically the same thing as surgical septicemia, a disease caused by poison absorbed through the genital tract into the system of the patient, which poison may either originate in her *de novo* from the decomposition of some of the organic matters resulting from child-birth, such as coagula, lochial discharge, and the like, or which may be conveyed to the patient from without, by septic matter

being brought into contact with her, as through such channels as foul sponges, infected hands of practitioners or nurses, or suspended in the atmosphere, as in rooms into which sewer gas finds its way."

In these views DR. BYERS substantially concurred.

DR. MADDEN expressed the opinion that "all forms of septicemic fever consequent on parturition and occurring within the puerperal period, are the manifestations of a specific puerperal infective or communicable disease, whose character is largely modified by the general condition of the patient and the intensity of the septic inoculation, as well as by what older writers termed the prevailing epidemic constitution of the atmosphere." This puerperal sepsis," he further said, "may be introduced in various ways, namely: First, from infection with septic matter, or by microorganisms emanating from other puerperal patients. Secondly, by the micrococci of other clinically allied epidemic diseases; and lastly, the disease may result from autoinfection with self-generated septic matter."

DR. ROBERT BARNES divided puerperal fever into three forms: 1. Endosepsis, into whose causation three factors enter: (a) the blood of the *gravida* with its increase of fibrin, of water, and of total volume, with its diminution of red globules, and its occasional surcharge of excrementitious products. (b) The blood of the parturient, with its excess of the products of muscular and of nervous wear and tear. (c) The blood of the puerpera, with its load of waste from the disintegration of the hypertrophic uterine tissues. 2. Autosepsis, whose predisposing causes are the dyscrasias, excessive hemorrhage, and relaxation of the uterus, and whose exciting cause is poison of the patient's own making, absorbed either from the tissues or from the parturient canal. 3. Exosepsis, poisoning from without, from the cadaver, from scarlatina, diphtheria, measles, variola, erysipelas, and enteric fever. The action of all these causes is intensified by the checking of excretion by the damp and cold and the ill ventilation of winter.

Prevention.—To this end, after the expulsion of the placenta, Dr. Playfair secures thorough contraction of the uterus by gentle friction or kneading for at least twenty minutes, and by the routine administration of ergot by the mouth, followed, if necessary, by a subcutaneous injection of either ergotine or ergotinine. He then inspects the perineum, and closes all lacerations extending beyond the fourchette. Last, and most important of all, he adopts strict antisepsis before, during, and after labor. To each monthly nurse he gives the following set of antiseptic rules, on whose observance he insists:

(1) Each patient is furnished with two antiseptic solutions—perchloride of mercury, 1:1000, tinted with litmus, and carbolized oil, 1:8. (2) The nurse shall keep standing by the bedside of the patient a basin of the perchloride solution, in which she shall thoroughly rinse her hands whenever she touches the patient in the neighborhood of the genital organs before, during, and for a week after delivery. (3) All sponges, vaginal and rectal pipes, catheters, etc., must be dipped in the 1:1000 solution before use. Slippers, bed-pans, etc., must also be sponged with it. (4) Vaginal pipes, enema tubes and catheters, must be smeared with carbolized oil before use. (5) Unless ordered to the contrary, the vagina must be

syringed twice daily with a solution of Condly's fluid of a pale pink color. (6) All soiled linen, diapers, etc., must be immediately removed from the bedroom.

In addition, the physician himself should observe the following precautions: (1) Cleanse the hands and especially the nails thoroughly with soap and water before using the antiseptic lotion. (2) At an early stage of labor, syringe the vagina and sponge the vulva with the perchloride solution. (3) When the head distends the perineum, sponge the vulva again with the same solution. (4) For lubricating the fingers use either carbolized oil or carbolized vaseline instead of cold cream, lard, etc. (5) Use sanitary towels to receive the lochiæ.

Dr. Byers' rules for nurses are essentially the same as those of Dr. Playfair except that the former prescribes that no nurse who has been in recent contact with either puerperal fever or other infectious disease shall begin attendance on another puerperal case before reporting to the physician for disinfection. Dr. Byers thinks the physician should make as few vaginal examinations as possible and should "follow down the uterus during the birth of the child's body, express the placenta, and then keep up the firm pressure for some time before putting on the binder." To prevent the introduction of air into the vagina the patient should lie on her back as soon as the child is born, and for some days after, and the binder should be applied firmly. To facilitate drainage of the vagina the bladder should be emptied in the knee-elbow position.

Dr. Madden believes that the use of suitable food, fresh air, and tonics is of the first importance in the prevention of puerperal septicemia. With this view he prescribes a mixture of chlorate of potash, iron, and quinine, to be taken during the last two months of gestation. He has never seen puerperal septicemia supervene in a patient so treated.

While believing in antiseptics, at least in hospital practice, DR. SLOAN deprecates the routine use of vaginal injections—the introduction of foul matter is favored by them.—*British Medical Journal*, Nov. 12, 1887.

SURGERY.

By T. W. HUNTINGTON, B. A., M. D., Surgeon Southern Pacific Co's Hospital, Sacramento, Cal.

The Radical Cure of Hernia.—This subject was discussed at length at the meeting of the British Medical Association of 1887, and several papers then read in the section of surgery, have recently been published in the *British Medical Journal*, December 3d, 10th, and 17th, 1887. The one point upon which every writer is unanimous is the greater safety and certainty of the open treatment by free incision under antiseptics, as compared with the more complicated subcutaneous operations, requiring special instruments and peculiar skill and experience.

MR. W. T. STOKER, in endorsing the open method of operation, pointedly says, that while it is not a convincing argument that it is easy, still we must "remember that all surgeons are not equally gifted by nature or endowed by opportunity." He deprecates the use of silver wire sutures in closing the walls of the canal and their permanent retention, believ-

ing that it is neither sound in theory nor necessary in practice. He says: "It seems absurd to suppose that vital structures will, without undergoing absorption and allowing the sutures to cut through, bear the strain necessary for the wires to exert, if they are to have the power of retaining hernial protrusions." He believes in the closure of the canal by the exudation and organization of lymph, and operates as follows: The sac is exposed and carefully separated from the cord as high as the external ring and for two inches below. It is then ligatured above and below, and divided between. The proximal portion of the sac is twisted "till a sense of resistance is felt," so as to secure obliteration of the canal without risk from sloughing. Two silk sutures are then introduced, passing through the pillars and walls of the canal, transfixing the twisted sac between the inner and outer walls, then brought through the skin about one inch on each side of the incision and tied over a leaden plate. He considers support of the inguinal region for some time after the operation as desirable, but condemns any form of pad as hurtful.

MR. KENDAL FRANKS urges the necessity of perfect asepticism, and believes that the operation and its results are sufficiently established to justify attempts at cure in cases which are only slightly inconvenient. He makes the skin incision on a higher plane, but parallel to the inguinal canal. In recent small herniæ, if the sac slips back into the abdomen, he simply closes the rings. In old cases, if the sac is an acquired one, thickened and adherent, he clears it from the surrounding parts, then opens it, and having passed a finger through to the internal ring, passes a silver wire suture through one pillar of the ring and then through one side of the sac. The needle, unarmed, is passed on the other side, then threaded with the same wire and withdrawn. This, when fastened, closes the ring and fixes the sac in such a way as to obliterate its cavity. Below the sutures the sac is excised. He has twisted the sac, but does not find it more advantageous. He sees no objection to the retention of the wire suture if the wound is kept strictly aseptic, and in closing it he uses buried sutures.

MR. ARTHUR E. BAKER states at the outset that he has never operated "unless there was some special reason for abandoning the palliative treatment by trusses, etc.," though he regards the operation "as devoid of all risk," if performed with thorough antisepsis. He uses silk in closing the canal, as being easy to procure and render aseptic, and comfortable to manipulate. He operates by the usual incision, clears the neck of the sac by peeling off the structures with the thumb-nail, and passes a stout silk thread under the neck, close to the external ring. Before tying this, the sac is opened below, in order to see that no gut or omentum is included; the sac is then tied *en masse*, and cut across half an inch below the ligature. The scrotal portion is left to take care of itself, as the operator believes he has seen injurious results from interference with it. A Liston's needle is armed with one of the threads attached to the sac and then passed up the inguinal canal, guided by the finger, which carries the stump before it. The needle is forced through one border of the internal ring and out through the external oblique muscle. It is then unthreaded and withdrawn, and the same suture is made on the opposite side with the

remaining end of the ligature. The two threads are now drawn up and tied, which draws the stump of the sac well up into the abdomen and closes the ring. Four to seven stitches are then passed through the wall of the canal in a similar manner, at intervals of one-quarter of an inch, and then tied from above downwards, care being taken to see that all are in front of the vas.

DR. A. RABAGLIATI exposes and clears the sac, and then removes it with the knife, together with any omentum which seems redundant. The edges of the peritoneum are approximated by fine catgut sutures. The pillars of the ring are raised and approximated by a second row of sutures, and the skin wound is closed.

MR. MITCHELL BANKS, who presents a series of 108 cases, operates as follows: The sac, having been dissected out, is opened, all bowel is replaced, and adherent omentum tied or cut away. The sac is then pulled down, ligatured as high up the canal as possible, and removed. The pillars of the ring are brought together with two or three silver sutures, which are left in position. In femoral hernia the sac is dissected out and removed, but no attempt is made to close the aperture. He concludes (1) that the prevalent notion that wearing a well-fitting and well-acting truss is a great burden is vastly exaggerated. (2) In children operative procedures are very seldom required; a well-fitting truss worn for a sufficiently long period will cure the vast majority of cases. Those with adherent omentum or large herniæ are appropriate for operation. (3) The operation is to be recommended and urged in small femoral herniæ, with adherent omentum, and in inguinal herniæ under similar conditions, and when excessively large. (4) No person should be subject to operation who can, with comfort, wear a truss which keeps his bowel securely in position. (5) He strongly recommends every one to wear a light support after the operation, and does not believe that this destroys the adhesions. He infers that there is no such thing as a radical cure of hernia, the term being misleading. "A man who gets a rupture, has naturally a weak and yielding canal or ring, and when you have patched him up you can only put him in the same position as he was before the rupture." He further states that operations do not close the ring, and that parings, scrapings and freshenings of the inguinal canal are utter nonsense. "When an inguinal hernia is big enough to warrant operation, there is commonly little canal or ring left." He says that he brings the pillars together with sutures, simply with the object of holding the parts together temporarily, while the wound heals, so as to prevent danger from coughing or straining, as in big operations he leaves the wound quite open.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M. D., Sacramento, Cal.

Ocular Complications of Measles and their Treatment.—At the November meeting of the Société Medico-Pratique, M. A. TROUSSEAU presented the following facts: Among the eruptive fevers measles tends most frequently to produce ocular complications. The external parts of the eye are usually affected. It is rare that the deeper structures are implicated. At the invasion, the conjunctiva alone is attacked. It usually

begins as a simple but occasionally as a catarrhal conjunctivitis. At this period the cornea is rarely affected. During the course of the disease, the conjunctivitis may become chronic; occasionally the discharge becomes purulent, the swelling of the lids may increase, and the cornea become the seat of trouble. Sometimes phlyctenular conjunctivitis, blepharitis, or ulcers of the cornea are observed. Ocular complications are especially frequent during convalescence, and it is during that period that a majority of the phlyctenæ which may extend to the cornea are seen. Grave diphtheritic conjunctivitis, pseudo-membranous conjunctivitis, and rebellious eczematous blepharitis may follow; the lachrymal passages may suffer, and, finally, phlyctenular keratitis sometimes exists. Photophobia is usually present. After complete recovery, measles also predisposes to diseases of the eye and their recurrence. Purulent and catarrhal conjunctivitis should be treated with cold compresses of a 4 per cent. boracic acid solution, and in the former, recourse should be had to cauterization with a 2 per cent. nitrate of silver solution. Yellow oxide of mercury ointment should be used in phlyctenular conjunctivitis; oxide of zinc or red precipitate for blepharitis. A solution of salicylate of eserine will be necessary in keratitis.—*L'Union Médicale*.

Antipyrin in Acute and Painful Affections of the Eye—DR. GEO. S. RYERSON reports (*Med. Record*), three cases in which he used antipyrin to relieve the pain in acute inflammations of the eye with favorable results. The three cases in which he administered it are as follows:

Case I. J. W.—, 58 years old. Extracted cataract August 31, 1887, without iridectomy, which was followed by acute plastic iritis. Severe pain in eye and head, relieved by sedatives for a time only. There was some pyrexia and he gave three doses of 20 grains each at intervals of three hours. The relief of pain was almost magical. He had no further difficulty in relieving pain, and the inflammation seemed also to decline.

Case II.—Mrs. K—, 50 years of age. Nov. 17, 1887. Acute glaucoma, secondary to relapsing iritis, and exculsion of the pupil. Severe pain not relieved by cocaine and eserine, and only partially by morphine. Forty grains of antipyrin in two doses, with an interval of three hours, completely relieved her. The drug was repeated at intervals, according to the pain, for several days, when an iridectomy was performed. Patient was in very poor general health.

Case III. Mrs. B—, aged 44. Nov. 22, 1887. Acute iritis, one week duration; numerous adhesions between the margin of pupil and lens. She had had several attacks without any known cause. The pain, which was very intense at night, was relieved at once by 20 grains of antipyrin. The patient had been treated for 24 hours previously with atropine, without much relief.

Notes on Two Cases of Exophthalmic Goitre.—DR. J. F. BARBOUR gives (*American Practitioner and News*) a report of two cases of exophthalmic goitre which he had treated successfully with the galvanic current. The first case was almost entirely cured, and when seen some months after treatment the improvement had continued. The second patient was a large, and otherwise healthy German girl. When first seen there were two tumors—one on each side of trachea. They were soft and pulsating,

and on auscultation a bruit was heard in them. On the right side the enlargement was the size of an orange, and on the left as large as a walnut. The patient's eyes were prominent, the right one projecting somewhat more than the left. She complained of excessive palpitation of the heart, shortness of breath, and hot flushes, which were more pronounced on the right side. The dyspnea was brought on by exertion or excitement. The treatment consisted in the application of the constant current over the pneumogastric nerve and through the tumors. A belladonna plaster was ordered to be applied over the heart, and tonics administered. She improved slowly but steadily under the treatment; the pulse, which at first was 108 per minute and irregular, was reduced to 80. The current was interrupted several times during treatment, and each intermission was followed by an exacerbation of the symptoms. After several months treatment the dyspnea and palpitation were no longer troublesome, and the tumors were firm and about half their original size. Electrolysis was then performed. The negative pole was armed with a needle, insulated to within an inch of the point, which was plunged directly into the body of the tumor, the other pole being held in the hand. The current was then turned on slowly until 15 cells were applied. In a few moments the goitre could be felt to soften. The circumference of the neck being reduced three-fourths of an inch at one operation. After several operations the tumors completely disappeared. The exophthalmos was somewhat improved. This and a semi-occasional flush is all that remained of the symptoms.

DERMATOLOGY AND VENEREAL DISEASES.

By G. L. SIMMONS, JR., M. D., Sacramento, Cal.

Gonorrhœa and Sterility.—DR. KRONER (Breslau), in the German Gynecological Society, oppose the views of Noggerath and Säger relative to the effect on pregnancy of a previous gonorrhea in the female. He reported on the early and late puerperium of ninety-seven mothers and children. The majority of the latter being undoubtedly specifically gonorrheic. On the strength of his investigations, Kroner holds that the belief is unfounded that gonorrhea is injurious to pregnancy so as to give rise frequently, like syphilis, to abortion. He is equally skeptical with reference to the frequency of sterility traceable to gonorrhea in the female, and emphasizes the importance of examining the man in every case for azoospermia or oligozoospermia, due to gonorrhea on his part.—*American Journal of Obstetrics*, December, 1887.

Peculiarities in Gonorrhea.—DR. MAURIAC (*Journal de Méd. et de Chir. Prat.*) called attention in a recent clinic to the idiosyncrasy altogether special to gonorrhea—pain in the heel. At times this pain may become of extraordinary intensity; its exact location is difficult to determine, and it is doubtful whether the cause is owing to the formation of a serous sac or to a periostitis. Its persistence is often remarkable. Dr. Mauriac mentions one of the remote complications of a gonorrhea in the shape of indurated bodies in the cavernous portion of the penis. These may be of sufficient size to cause deformity; and, furthermore, they have a tendency to increase, rather than diminish, with age. He states

that their presence is not a sure indication of the contraction of a gonorrhea, as they also occur in a similar location in rheumatism, gout, or diabetes.

Mixed Gonorrheal Infection in the Female.—DR. BUMM, Würzburg, read a paper upon this subject before the German Gynecological Society, September, 1887. The term "mixed infection" means the penetration of two different kinds of microorganisms. The usual process is, that at first one species excites morbid alteration in the organ invaded, and on the territory thus prepared, the second species takes root. Thus, as a lung affected with pneumonia furnishes the best soil for the penetration and development of the tubercle bacilli, so the same process may be observed in the most manifold ways in gonorrheal infection of the female genitals. He considers the various regions of the female genital tract which come under observation in this respect. Thus, the frequent so-called simple Bartholinitis, is by no means due to the gonococcus as such, as Bumm has demonstrated, but to germs subsequently entered, whether it be the staphylococcus pyogenus, aureus, or putrefactive bacteria, which led to suppuration or cyst formation, with offensive contents in the gland affected with gonorrheal disease. The small abscesses in the urethral wall which are occasionally observed in the course of gonorrhea, are always caused by the later entrance of microorganisms, which directly produce suppuration. Nor is there a true gonorrheal cystitis as was formerly generally accepted; the gonococcus alone causes no cystitis; this is done only by other microbes which penetrate into the bladder in connection with disease of the urethra. On the same process are based the inflammations in the parametral cellular tissue, occurring as sequels to gonorrhea and even the disease of distant joints. It is probable, too, that many cases of isolated tubal tuberculosis depend upon this mixed gonorrheal infection.—*American Journal of Obstetrics*, December, 1887.

MATERIA MEDICA AND THERAPEUTICS.

By WM. WATT KERR, M. A., M. B., C. M., Professor of Therapeutics,
University of California, San, Francisco

Jhambul in Diabetes Mellitus.—DR. W. H. MORSE states that the pulverized bark and seeds of this plant, given in five grain doses, thrice daily, is an efficient remedy in the treatment of this disease. He says that by its administration the quantity of urine is diminished, the specific gravity lowered, and the amount of sugar lessened. Jhambul is a small evergreen plant, indigenous to the humid regions of India.—*Therapeutic Gazette*, December, 1887.

Thymol in Diabetes Mellitus.—PROF. BUFALINI has made some very interesting, and what will probably be important, observations on this subject. It would appear that the drug has not any direct action upon the formation of sugar, but, by acting as an intestinal disinfectant, it prevents the diarrhea and gastric disturbance consequent upon an exclusively proteid diet, which, in other respects, is so beneficial to diabetic patients. He also finds it very valuable in the treatment of acetonemia, and therefore concludes that "acetone is formed in the intestine by abnormal fer-

mentation of the sugar excreted by this channel, and that the ferment is an altered gastro-intestinal mucus."—*Medical News*, Dec. 3, 1887.

Saccharin.—This new remedy is antiseptic and sweetening in its properties. As an antiseptic, it ranks with salicylic acid and thymol, but does not interfere with the digestive juices or ferments, and has no action upon the tissues themselves, being excreted by the kidneys unchanged a few hours after it has been ingested. It may be given where sugar is contraindicated, as in diabetes, or wherever there is a tendency to fermentative processes taking place in the blood; also as an excipient for such medicines as chloride of iron, cascara sagrada, and salicylate of sodium. One to one and a half grains will be found sufficient to sweeten a breakfast cup full of tea or coffee.—*Therapeutic Gazette*, Dec. 15, 1887.

Cocaine as a Nervous Stimulant.—As the result of experimental research, Mosso concludes that cocaine is the best nervous stimulant at our disposal and will be valuable in cases of extreme nervous depression, chloroform, chloral, or ether poisoning. Its influence on animal temperature is well marked, having in one case caused a rise of 4° C. within half an hour. As much impure cocaine is present in the market, the following simple tests for the purity of the hydrochlorate of cocaine will be of service: "The hydrochlorate should be absolutely neutral; volatilize completely; form a clear and colorless solution in water; give a colorless solution with strong sulphuric acid, and should not reduce permanganate of potassium immediately."—*Dublin Jour. of Med. Science*, Dec., 1887.

Anti-bacterial Action of Iodoform.—In the January number of the *American Journal of Medical Sciences* DR. JEFFRIES reports an elaborate series of experiments with iodoform, which tend to show that this preparation has no direct action as a germicide, but has the power of retarding bacterial growth and diminishing the odor of putrefaction. He arrives at the following conclusions regarding its use in surgery: (1) "Iodoform not being a germicide, is not a fit substance to use to procure asepsis of instruments, materials, or wounds," (2) "Iodoform is allowable, with the present state of our pharmacopeia, in infected wounds, when the true germicides are contraindicated, as by danger of poisoning or impracticability." (3) "As has long been known, iodoform has a decided tendency to stop serous oozing, and, therefore, may be indicated in wounds where the moisture threatens the integrity of the aseptic or antiseptic dressing."

Strophanthus.—The trials to which this new cardiac tonic has been subjected during the past year, have proved that PROF. FRASER has given us a drug which is likely to have a permanent place in the pharmacopeia. The action of strophanthus is to increase the force, but diminish the frequency of the cardiac contractions—the arterial pressure is raised and free diuresis is produced. As there is no increased flow of urine when strophanthus is given to a healthy person, it is evident that the diuresis is not due to action on the renal tissues, but to the increased flow of blood through the kidney. From the above description the similarity between the actions of this drug and digitalis is very evident; and, although some attempts have been made to discriminate between cases adapted to either remedy, no definite indication has been discovered which will enable us to choose between them, strophanthus having succeeded where digitalis

failed, and *vice versa*. The usual dose of strophanthus is from five to ten minims of the tincture, three or four times daily. Strophanthus is more speedy and less persistent in its effects than digitalis—neither is it a cumulative poison.

Antifebrin in Typhoid Fever.—DR. J. HOWELL WAY, reports thirteen cases of typhoid fever which had occurred in his private practice during the past autumn, and had been treated with antifebrin. His experience with the remedy was so highly satisfactory, both in reducing temperature and dispelling nervous symptoms, that he regards it superior to all other antipyretics formerly used in the treatment of this disease, and closes his paper with the following remarks: "In conclusion, the following advantages may, I think, be claimed with justice for antifebrin over all other antipyretics in the management of the hyperpyrexia of enteric fever: (1) The size of the dose is small, and from the bland and unirritating character of the drug, is easy of administration and not liable to produce gastric irritation. (2) The happy effect of the drug in reducing hypernormal temperature and in rendering the patient more comfortable by its soothing effects on the irritable state of the nervous system accompanying febrile processes. (3) The absolute safety of acetanilid when used in medicinal doses."—*Medical News*, January, 1888.

MEDICINE AND PATHOLOGY.

By ALBERT ABRAMS, M. D., Demonstrator of Pathology, Cooper Medical College, San Francisco, Cal.

The Treatment of Croupous Pneumonia.—MOSLER reviews the modern methods of treatment in this disease. The old plan of venesection had, owing to its indiscriminate use, sacrificed many lives; still, in many selected cases, it must not be cast aside. In the first stage of the disease in robust plethoric individuals with high fever and abundant hemoptysis, venesection is indicated; also in the further course of the disease, if attended by severe dyspnea, cyanosis, and hebetude, conditions due to carbonic acid intoxication. There was a time when digitalis was administered in every case of pneumonia. In consequence of dangers involving the heart, he has entirely suspended its use. Aside from the gastric disturbance which it produces, its cumulative action must be feared. Cold baths, when used indiscreetly, have done much harm, and he dispenses with them; believing, however, that local hydrotherapeutic measures may be adopted with advantage. With the use of antipyretics and tincture of veratrum viride he has sought to influence the course of the affection, but without result. Our modern theories, with regard to the etiology of infectious diseases, suggests the use of some specific which will destroy the micrococci of pneumonia. As yet this remains to be discovered, but none can predict the future possibilities of medicine. The remedy on which Mosler places most reliance is, tartar emetic in small doses. Experiments on animals with tartar emetic induce hyperemia of lungs, bronchi and trachea. Whether this hyperemia, by furnishing a fresh supply of blood, rapidly removes the waste products of the pneumonic process, or the emetic action, followed by diaphoresis due to the tartar emetic, removes the micrococci, he is unable to explain. This much is

true, however, that forty cases treated by this agent in his clinic, yielded excellent results. Expectoration was facilitated with less pain, and the sputum was less gelatinous. No disagreeable action of the drug was observed.—*Deutsche medicinische Wochenschrift*, Nr. 47, 1887.

FRÆNTZEL.—Pneumonia is an infectious disease, and resembles erysipelas in its febrile course. The rapidity of the pulse in this disease must receive the utmost consideration. A rate of over 120 to the minute must be looked upon as unfavorable. The frequency of respiration, even up to 60, should cause little alarm, but delirium, on the contrary, must be feared. A daily examination of the respiratory apparatus is less necessary than that of the heart. The prognosis is less favorable when such complications as frequent diarrhea, purulent exudations, and icterus (bilious pneumonia) occur. As a rule the prognosis is determined by age and habits of living. An abuse of spirituous drinks must be considered to be largely responsible for a fatal termination. As indications for venesection, cyanosis and dyspnea may be mentioned, and where the radial arteries are small and show high tension, more than 250 gm. of blood should not be withdrawn. Digitalis is contraindicated owing to its cumulative action, producing gastric disturbances and tendency to collapse. For the same reasons all antipyretics, from quinine to salol, must be dispensed with. No object is to be attained in reducing the temperature, for if such is attempted we must fear collapse and heart failure. Cold baths, for like reasons, are not used. For the pleuritic pains, friction with warm oil, warm applications, and morphine injections are far more serviceable than the application of the ice bladder. Agents for influencing the course of the disease or the destruction of micrococci have not been discovered. The method of treatment ordinarily pursued by Fræntzel, is briefly as follows: Absolute rest in bed; fluid nourishment; lemonade for thirst; wine not allowed until the eighth day, provided patient has not been addicted to the use of alcohol; for delirium potatorum, wine, also brandy (not in large doses); and for insomnia, chloral; for the delirium of fever, morphine, subcutaneously—the latter subserves an excellent purpose in the delirium of inanition. The danger in pneumonia is always increased on the fifth day. Respiration is more difficult, expectoration begins to cease, the pulse is more frequent and small. At this time the following drugs are indicated: Camphor, valerian, musk, and wine. Champagne is contraindicated owing to the carbonic acid. For the pleuritic pains, counter irritants and cupping. For diarrhea, bismuth and opium. Opium and its preparations should be used more frequently. The use of expectorants should not be allowed.—*Centralblatt f. klinische Medicin*, Nr. 48, 1887.

Hypnotism in Therapeutics.—In an interesting paper on this subject, read before the Berlin Medical Society, DR. MOLL details his experiments and observations. In 1843, Braid, of Manchester, published the first work on hypnotism, and it was he who first used the latter method as a therapeutic measure. The experiments of Charcot at the Salpêtrière, are well known. He differentiated three conditions of the hypnotized state, viz.: cataleptic, lethargic, and somnambulistic, any of which can pass from one to the other in the same person. Charcot's experiments were made in

the main on hysterical individuals; although others contend there is nothing in common between hysteria and hypnotism, and that the different forms of hypnotism are artificial and provoked by suggestion. The same conclusion is reached by Moll, after four months' study, at the Salpêtrière. The individual to be operated on, is told, in a commanding voice, to think intently of sleep, the operator in the meanwhile gazing steadfastly at the subject, who, after a brief period, becomes hypnotized, when the necessary therapeutic suggestions are made. Different painful affections, such as neuralgia and headache, are relieved and often cured; movement is likewise improved in various paralyses. French authors have also reported success in hysteria, morphine habit, alcoholism, and menstrual disturbances. The author believes that not only functional but organic disturbances may be improved by hypnotism. He introduces the following case, showing the effect of suggestion: A hypnotized individual was told to take hold of a cold piece of iron; it was then suggested that the iron was very hot, which was followed by blisters on the hand. Only twenty-two per cent. of the individuals operated on were hypnotized. In the discussion which followed the reading of the paper, EWALD asserted that he failed to hypnotize a number of adults on whom he experimented, only succeeding in two young hysterical persons. He strongly opposed the use of hypnotism and suggestions as a part of medical treatment, on the grounds that no scientific knowledge is requisite for its accomplishment, and in consequence it may be indiscriminately resorted to by the charlatan. The public exhibition of hypnotism was commented on, and likewise the ill results following. MENDEL cited a case of periodical hysterical aphonia temporarily cured by hypnotism. He insisted that the many remarkable cases of hypnotism reported in Paris, occurred in individuals specially trained for this purpose. Continued hypnotism practised on healthy individuals makes them nervous, and on nervous individuals, more nervous. A number of hysterical persons have been benefited by hypnotism, but we must always consider that great harm can result from injudicious experimentation. If sleep does not follow after fifteen minutes' fixation of a glistening object, any further attempt should be postponed until the following day.—*Wiener medicin. Presse*, Nr. 47, 1887.

Lipogenic Diabetes.—According to PROF. E. H. KISCH, diabetes is a frequent concomitant of congenital and acquired obesity. Diabetes occurs in fifty per cent. of the congenital, and in fifteen per cent. of the acquired cases of obesity. He cites three different family histories showing the heredity of both pathological conditions. The urine should be examined in all cases of early developed obesity. The symptoms of diabetes mellitus in such cases, are most pronounced between the ages of thirty and forty. The conversion of one affection into the other is gradual. The frequent combination of diabetes and polysarcia, aside from irregular living and heredity, may be attributed to the muscles. The latter, in pronounced obesity, must, in consequence of fatty degeneration, be impaired in their activity, which necessarily interferes with their normal function, that of converting sugar into glycogen.—*Berliner klin. Wochenschrift*, Nr. 46, 1887.

Sacramento Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

SACRAMENTO: FEBRUARY, 1888.

THE STATE SOCIETY.

The annual meeting of the Medical Society of the State of California will be held in San Francisco, commencing April 18th, and as the time is now short, it will be well for each member to keep before him the necessity of being present. To those resident in the interior the trip to the metropolis has many attractions, while the enforced holiday cannot fail to recruit the energies of the busy practitioner, and thus return a material benefit. The Committee of Arrangements will endeavor to secure the same reductions from the transportation companies and hotels as in previous years, of which mention will be made in due course. A new and very desirable feature in connection with the meeting will be an exhibition of pharmaceutical preparations, surgical instruments, books, and other professional requisites. This will be on a sufficient scale to be of some practical utility, and will be open to inspection throughout the session. We have already alluded to the desirability of ensuring a proper discussion on those reports, and on such papers—the titles of which will be announced before hand—as demand it. It has been the almost invariable rule to curtly refer the papers read to the Committee on Publication, thus depriving the Society of what, with a judicious Chairman, is of the greatest benefit. The criticisms and opinions of the members are of great practical interest, and their absence in the past is much to be regretted. We suggested a remedy in the adoption of the plan prevailing in the National and other associations of appointing a member to open the discussion, the paper or a sufficient abstract being submitted to him in advance. In the absence of any by-law on this question, we commend the matter to the President for his consideration. We hope that the local profession will not indulge their hospitality by again tendering a banquet to the visitors. It is an impost and an imposition upon the resident members, and as

year succeeds year it becomes more burthensome. If a banquet be desirable it can be provided by subscription, a system which has been found, elsewhere, to work most satisfactorily.

DR. J. W. ROBERTSON.

We are pleased to announce that with this issue of THE TIMES, Dr. J. W. Robertson, assistant physician to the State Asylum for Insane at Napa, assumes charge of the Department of Meteorology. The prominence which California, as a health resort, is fast attaining before the world, demands that this subject should receive proper attention, which at the hands of this journal we now feel safe in bespeaking for it.

NOTES.

The Hendon Cow Disease Probably Jennerian Cow-pox.

We have already commented (*vide* TIMES, 1887, page 309) on the outbreak at Hendon, England, of the so-called milk scarlatina, and a statement of a criticism by Dr. George Thin of the original operations of Mr. Power and Dr. Klein was then given at length. The interest in the question has been greatly increased by a paper read before the Pathological Society of London (*Brit. Med. Jour.* Dec. 17, 1887) by Prof. Edgar Crookshank. The author reviews the methods and conclusions of the previous observers, summarizing them clearly and fairly, and then proceeds to record his own experience. His attention was first directed to the affected cows, in which he found an eruption on the teats and udders corresponding to that described by Dr. Klein; inoculation experiments and careful cultivations, gave results closely resembling those of the original observers. So far, the investigations of each may be said to have been parallel. We now come to the divergence. On November 26, 1887, Dr. Crookshank proceeded to investigate a fresh outbreak of the disease on four dairy farms. It had prevailed very extensively, and the milkers, in describing its progress, stated that frequently scabs, matter and blood would, during the process of milking, become mixed with the milk. The disease had been communicated to several of the milkers, causing the usual local symptoms, with, in some cases, constitutional disturbance. It was, therefore, in every respect, identical with the Hendon outbreak. On these farms there were 160 cows, nearly all of which

had contracted the disease. The milk, amounting to 1088 pints a day, was distributed to consumers, estimated at 1500 to 2000, yet there were no cases of scarlatina on the farms or in the villages. Dr. Crookshank therefore concludes that the Hendon disease was not scarlatina in the cow, and that in the Hendon milk the infection was from some hitherto unascertained human source. Having disproved the identity of the disease, Dr. Crookshank next attempted to ascertain its real character. It will be noted that all through these investigations the descriptions of the earlier stages of the eruption have rested on the statements of the cow-men, as it had never been seen until damaged by the hands of the milkers. This was felt to be so unsatisfactory that Dr. Crookshank visited the farm several times, and was finally successful in discovering a boy with the eruption on his face, which he unhesitatingly pronounced to be *true Jennerian cow-pox*. The subject was kept under careful observation; the eruption went through the well known stages, and, with lymph taken from the vesicles, typical vaccinia was produced in calves. An intelligent foreman, who said he had known the disease for twenty years, and who having been himself affected, asserted his belief in the protective influence of an inoculation thus describes its progress in the cow. It began as a hard pimple on the red teat; this got a white head; then came a blister with watery fluid which sometimes got like "brainy stuff" before it was broken. This is a very perfect clinical picture of typical vaccinia, which is distinguished from the various spurious pocks by the subdermal character of the vesicle, its umbilication and the presence of an areola. Dr. Crookshank is investigating the organisms found in the lymph, in order to determine, if possible, their exact significance. It will be seen that the question has now reached a most interesting stage, and future developments will be anxiously awaited. We learn from private sources that both sides are equally confident, and as the disputants each represent a government department, it will be impossible for the question to remain in its present state.

A Three Years' Graded Course for California Practitioners.

In our issue of January, 1888, we alluded to various comments which had lately been made on the general status of medical education in this country. The opinion was further expressed that a change in the direction of greater stringency could only be reached through the coöperation of the various Colleges and Boards of Examiners. It is with great satisfaction that we learn that at the

meeting of the Board of Examiners of the Medical Society of the State of California, held January 4th, 1888, the following resolution was unanimously adopted :

"WHEREAS, The law to regulate the practice of medicine in the State of California, provides that the Board of Examiners, in the discharge of its official duties, shall determine what colleges are in good standing, whose diplomas may be presented by applicants for certificates under the law; and—

"WHEREAS, It is apparent that the protection of the public and the best interest of the profession require a higher standing of medical education than that which is now adopted by many medical colleges; therefore—

"*Resolved*, That on and after April 1st, 1891, the Board of Examiners of the Medical Society of the State of California will not grant certificates to practise medicine on diplomas issued after that date, by colleges which do not require that all candidates for graduation shall have studied medicine not less than three full years, and shall have attended not less than three full regular courses of lectures, delivered during three separate years."

We believe that this step will meet with the unanimous endorsement of the profession, and that it will, in time, be followed by the demand for another year of study.

SOCIETY PROCEEDINGS.

SACRAMENTO SOCIETY FOR MEDICAL IMPROVEMENT.

Regular Meeting Dec. 20, 1887.

The President, WM. ELLERY BRIGGS, M. D., in the Chair.

Fracture of Skull, with Depression of Outer Table.—DR. W. R. CLUNESS presented the case for Dr. Huntington. L. B—, æt. 50, entered the Southern Pacific Company's Hospital Dec. 14, 1887. In Nov. 1886, was struck on the head with an iron crib-board, producing a scalp wound at the junction of the sagittal and lambdoid sutures. He is now unable to give any very intelligent account of his condition subsequent to the injury. He was told that he remained unconscious for three weeks following the accident. There is a depression of the skull at the site of the original injury. Memory, especially of words, is decidedly impaired; hearing and vision upon the right side are likewise impaired. There is partial anesthesia of the entire right side and impairment of the general health.

DR. CLUNESS mentioned a case, which he had seen in Mendocino county in 1860. A man was thrown from a wagon, which had suddenly started, alighting on his head. The attending physicians found a well

marked depression at the posterior and superior portion of the left parietal bone. Mania supervened and the man was pronounced insane. While being conveyed to Stockton, he was seen by the doctor, who, with the concurrence of Dr. Barnett, trephined; removing a segment of bone and elevating the depressed portion, about one ounce of bloody serum escaped. Upon recovering from the effects of the anesthetic, he was perfectly rational, expressing much surprise at finding himself amongst strangers. The lucid period continued for four days, when he gradually relapsed and was ultimately conveyed to the asylum. After three months' detention he was discharged, and is at present living with his family, being in excellent health, though of feeble intellect.

Rodent Ulcer.—DR. J. R. LAINE exhibited a case, in which a large ulcer, two inches in diameter, occupied the surface of the upper and lower lids, right eye, extending to the brow and cheek. The eye was closed, but the eye ball was intact and could be seen at the upper and inner side. About seven years ago a scaly eruption appeared on the lower lid; subsequently a small pimple was seen. This came and went, till finally, in 1883, he was seen by Dr. W. E. Briggs, who believed that the case was one of lupus, and advised the extirpation of the affected parts. The patient would not submit, and placed himself under the care of various "cancer doctors." The question was now less diagnosis than treatment.

DR. H. VOELLER read a paper on *Hydrophobia* (published at page 62).

DR. W. R. CLUNESS, in opening the discussion, said that he had never seen a rabid animal or human being. Some time ago the *San Francisco News Letter* had circulated queries amongst physicians in the State, inquiring their opinions as to the absence of rabies on this coast. He had replied that he believed this absence was due to its not having been imported. Dr. Thorne, of San Jose, had reported a case which he supposed was hydrophobia. He remembered having been informed that coyotes were very bold and numerous on the Norris Grant in 1850, and the following year the number had greatly decreased. His informant stated that he had seen many of these animals at that time apparently suffering from rabies. He subsequently ascertained from Mr. C. W. Clarke and Mr. H. M. La Rue, that the animals had disappeared about that time, but neither of the gentlemen remembered that they had presented the symptoms described.

DR. J. R. LAINE had not seen a case of rabies. He mentioned the current belief amongst old army men on the plains, that the bite of a skunk would produce hydrophobia.

DR. H. L. NICHOLS said that a paper in his possession, which had been read before the Medical Society of London ninety-seven years ago, recommended the use of oil, internally and by inunction, as a specific.

DR. G. L. SIMMONS, JR., had noticed the absence of reports of hydrophobia in the local journals, and in looking over the files found a paper, in the *California State Medical Journal*, in which the absence of the disease was ascribed to climatic influences.

SAN FRANCISCO COUNTY MEDICAL SOCIETY.*Regular Meeting December 27, 1887.*

The President, J. D. ARNOLD, M. D., in the Chair.

A Case of Ovariectomy.—DR. O. O. BURGESS reported a case of ovariectomy in a young lady where the operation had been rendered very difficult from the peculiar anatomical arrangement of the parts. The two ovaries had coalesced and degenerated so as to form one tumor, from each side of which, a tube, which at first sight resembled intestine, but was, on examination, found to be a fallopian tube, passed to the uterus. while from the vertex of the tumor a fibrous band passed upwards and gradually disappeared in the peritoneum. The fact that the displacement of the uterus was in all probability congenital, its descent having been prevented by the fibrous band, made it very strange that there never should have been any disturbance of the menstrual function.

DR. GEORGE CHISMORE had witnessed the operation, and regarded the case as one of extreme interest, it being the only instance in his experience in which the diagnosis of the character of the tumor was as difficult after the abdominal section as before it. The difficulty of the operation was very great, and no trace of ovarian tissue other than that forming the tumor could be discovered.

DR. J. O. HIRSCHFELDER was anxious to know whether the girl still continued to menstruate, as in such an event, the case might be able to throw considerable light upon the physiology of the menstrual process. The President suggested that any changes in the character of the menstrual fluid should be noted. Dr. Burgess replied that the girl had menstruated regularly since the operation, and that there was not any apparent change in the quality of the fluid.

DR. STALLARD thought that these facts tended to show that menstruation does not depend upon any one portion of the generative apparatus, for we had other cases similar to the one before the Society, in which both ovaries and tubes had been removed without arresting the monthly flow, and he therefore believed that the uterus and nervous centres were all that was necessary for menstruation.

SPECIAL CORRESPONDENCE.

NEW YORK.

[FROM OUR OWN CORRESPONDENT.]

The New York Quarantine; its Danger to the Country.—The Sloane Maternity Hospital and the Vanderbilt Clinic.—“Charity Ball” of the Nursery and Child’s Hospital.

The mismanagement and defects of the New York quarantine establishment have by this time become pretty well ventilated. First came the developments made by the investigations of the committee appointed by the College of Physicians of Philadelphia, and of the Committee

on Hygiene of the Medical Society of the county of New York, of which that energetic and public spirited reformer Dr. John C. Peters, is Chairman. In the latter part of December, was published the report giving the results of the investigation made by the New York State Board of Health, the nature of which is sufficiently evident from the following extract: "It is the unanimous opinion of those posted on such matters, that it would be difficult to imagine a worse state of affairs than now exists at the Quarantine Station. It is hard to realize in this age of civilization that the harbor of the city of New York should be so inadequately provided with facilities for the prevention and extinction of an epidemic." The most recent investigation of all, was that made at the request of Mayor Hewitt, by the City Board of Health, acting in coöperation with a special committee of the New York Academy of Medicine, consisting of such men as Drs. E. G. Janeway, Stephen Smith, C. R. Agnew, A. Jacobi, T. Mitchell Prudder, H. M. Biggs, and Richard H. Derby. Their report was in substantial accord with the preceding ones referred to, and in transmitting it to Governor Hill, the Mayor, too, sent a letter, in the course of which he says: "It is evident that neither this city nor the State, nor any other portions of the Union, are free from the dangers of the spread of contagious diseases, unless the quarantine establishment at this port, under the control of the State authorities, is at once reformed and reconstructed. The danger of delay is too imminent to admit of any postponement whatever. I have, therefore, the honor to transmit this report to the Legislature, and recommend such action as will receive adequate provision against the dangers of contagious diseases which will be liable to break out as soon as warm weather approaches."

In the course of their report the committee point out in a forcible manner the effect likely to be produced upon the business interests of New York and the country at large, if cholera were permitted to invade the dense population of the city. It is estimated that \$100,000 a day is received by those hotels in the city of New York from which people would flee if any alarm of cholera should become prevalent. The amount of money received over the counters of shops, from those who frequent the city to buy its innumerable wares, cannot be estimated. It is millions! while hundreds of millions are annually produced in values in the different factories. To disturb the peace and industrial interests of the city by permitting the irruption of cholera through defects in quarantine would inflict an injury upon business that is beyond computation. The time consumed in reaching San Francisco is about that of the maximum period of incubation of cholera. The germs of any of the contagious diseases admitted into the port of New York by inadequate quarantine arrangements, might be conveyed to any portion of the United States, fructifying as they went. Every citizen of the United States and British Provinces has, therefore, a personal interest in the condition of the New York quarantine. The existence of cholera in New York would cause the entire country to quarantine against the city. In this way, interstate commerce would be paralyzed or seriously embarrassed. As regards the effect upon the health and death rate of the people, no surmise can be formed, as that question would turn upon the efficiency of sanitary police. The law

of cholera, its propagation, limitation, and extinction are at the present time so well understood, that the disease may be said, without presumption, to be subject to scientific prevention or control.

The Sloane Maternity Hospital and the Vanderbilt Clinic, adjuncts of the College of Physicians and Surgeons, and the gifts of the children of the late William H. Vanderbilt, were formally opened under pleasant auspices during the Christmas holidays. On this occasion, the principal address was made by Professor T. Gaillard Thomas, who thus spoke of the objects and donors of the new buildings: "A very few years ago, the lying-in hospitals of the world were transformed into charnel houses by that terror of the maternal bedside, puerperal fever. Since then it has been so robbed of its terrors, that in hardly any of the populous centres does the death rate from this cause reach three in one hundred. If, in the establishing of these hospitals, the monarchial countries of the Old World have outstripped America, it is because of the endowment of large hospitals there. Americans have rather given to educational institutions and to the building of monuments and libraries. A magnificent example of worthy charity was established by the founding of the College of Physicians and Surgeons and its magnificent endowment, by William H. Vanderbilt. The Vanderbilt Clinic, a noble tribute from his four sons to his memory, is about to be opened. In these halls the art of medicine is to be studied at the bedside. The student will not be confined to the assimilation of the knowledge and ideas of others, but will see and study for himself the effects of treatment and the structures of the human frame. It is a fitting and noble adjunct to the college endowed by the father. Three years ago to-day we were assembled to dedicate the new college building, and at that time the worthy son-in-law of the great benefactor made up his mind to establish and endow a maternity hospital. His work is before us. It will be for ages to come, a worthy monument to its founder. His wife, a true daughter of the founder of the college, has furnished and equipped the hospital complete, and has assumed for her lifetime the cost of its maintenance."

The annual "Charity Ball," which was held at the Metropolitan Hospital, on the night of January fifth, was this year a fashionable and brilliant affair, and it is intimated that the net proceeds will be considerably in excess of those of last season's ball, which amounted to about \$3,000. This ball, given under the auspices of leading society ladies, has for many years been a source of income to the Nursery and Child's Hospital, a worthy institution for lying-in women and young children, which has a large building in town and a country branch on Staten Island. The annual meeting of the Board of Managers was held on the day of the ball, and the medical report showed that the death rate among the children admitted was 27.87 per cent., against 41.31 per cent. for the year 1885.

Dr. James W. Markoe, a son of Professor Thomas M. Markoe, has been appointed house physician to the Sloane Maternity Hospital.

NEW YORK, January 10, 1888.

PUBLIC HEALTH.

Mortality.—In sixty-eight town districts in the State, representing an aggregate population of 608,800, 1053 deaths occurred during the month of December, representing an annual rate of 20.75. The total mortality from zymotic diseases was 187, giving a rate of 3.68. Of these, 54 occurred from typhoid fever, 6 from typho-malarial fever, 5 from remittent and intermittent fevers, 18 from cerebro-spinal fever, 13 from scarlet fever, 17 from measles, 30 from croup, 29 from diphtheria, 2 from whooping cough, 5 from erysipelas, and 13 from small-pox. The total number of deaths from diseases of the respiratory organs was 320, giving a rate of 6.30. The average annual death rate represented by the deaths recorded for the month, in the ten largest cities and towns in the State, and representing a population of 527,000, was 19.46 per thousand of the population. The lowest rate was recorded in Stockton and Petaluma, each representing a rate of 12 per thousand; and the highest in San Francisco, showing a death rate of 23.28 per thousand.

Small-pox.—Notwithstanding the opinion of the late Dr. Meares, of San Francisco, that small-pox would not become epidemic in that city, because of the thorough vaccination of its inhabitants, the City Board of Health has so declared the disease during the past month; and in the opinion of the writer, there is a sufficient number of persons in every town in the State, and probably in America, who are unprotected by vaccination, to render the disease epidemic, should it ever obtain a foothold amongst them. It is evident that it manifests a tendency to spread at present, for we hear of it in no less than a dozen separate localities. When, therefore, it is an accepted fact the world over that in vaccination and revaccination we possess a preventive which is absolutely safe, and which, if thoroughly applied, would stamp the disease out of existence, it surely becomes the duty of physicians to make it one of the "corner stones" of their daily practice. It is a matter of daily observation that the unprotected only are attacked, or when those even once vaccinated are stricken with the disease, the attack is invariably milder in character, the disfigurement is less marked, and the mortality is reduced in proportion to the efficiency of the vaccination. The question is frequently asked of physicians why they are never attacked with small-pox, and the answer invariably is "we vaccinate ourselves frequently." This is the only known preventive. The late Dr. Terrill, of San Francisco, had never been vaccinated, and he died of small-pox—the only physician, to my knowledge, who died of that disease during the past thirty years. It is hoped that the lesson of his temerity will bring forth good fruit, and that the few others in every community who entertain like views will at once discard them. Having been well aware that it is a loathsome and dangerous disease, and that it affects all races of men, every age, and both sexes, and that the process of vaccination is practically harmless, he is surely criminal who does not accept the benefits thereof. No man was probably more fully aware of the fact that when small-pox attacks unvaccinated persons, it runs its course unmodified in 97.5 per cent. of cases, whereas it is modified in 73 per cent. of those vaccinated even in one place.

Vaccination.—At a recent meeting of the State Board of Health, the writer was reported as having signified his preference for humanized as against bovine virus, and as having expressed his belief that the popular, and even the professional notion, that the former is always dangerous, because of the liability to communicate thereby whatever disease might exist in the person from whom the lymph had been collected, is entirely erroneous and without a shadow of truth. It is so maintained; it is also

asserted that there is not a well authenticated case recorded in any country in which syphilis (the disease, above all others, which appears to be most dreaded) has been communicated by means of vaccination; when proper care had been taken in collecting the virus to exclude the blood of the individual. It is also maintained that it is absolutely impossible to transmit constitutional disease by means of vaccine lymph when collected from a typical vesicle, before the lymph contained therein becomes mixed with the products of the inflammation which results from the vaccination—usually at the commencement of the eighth day. When, however, the vaccinator is careless and pricks the vesicle sufficiently deep to draw the smallest amount of blood, the lymph should be invariably discarded, for there is then intermingled with the virus a portion of the fluid which contains the germ of syphilis, or other disease which may be present. *It is not contained in the lymph when collected, as here suggested.* The writer prefers humanized virus, because he believes it less apt to do harm than bovine virus; because it is equally protective in its influence, and because it is very much more likely to take. It should, however, be applied as soon as practicable after its removal from the vesicle, and for this purpose it is believed that the old-fashioned method of arm to arm vaccination is preferable. Vaccinators should also recollect that vaccine protects in proportion to the number of vesicles produced up to at least four insertions, and that when persons are revaccinated in two or more places, they are practically protected against small-pox.

METEOROLOGY.

By J. W. ROBERTSON, B. A., M. D., Assistant Physician to the State Asylum for Insane, Napa, Cal.

Weather.—The month opened with a well-marked storm, central, off the mouth of the Columbia river. This storm was accompanied by high winds and a rain area covering the entire Pacific Coast. This was succeeded by a succession of weak storms, which passed to the east, giving almost constant rain in Oregon and Washington Territory until the 18th, and light rain in Northern California on the 4th, 7th, 8th and 12th. From the 16th to the 23d the weather was fair in all districts. This period of fine weather was broken by a light storm on the 24th, which gave rain as far south as Fresno in California, and by a severe storm on the 27th, which, rapidly spreading to the south, was accompanied by high winds and a copious rainfall, extending from San Diego in the south to Cape Flattery in the north. During the greater portion of the month the weather was warmer than the average December weather, the last ten days, however, being cooler than usual.

Temperature.—The month has been warmer than usual in all the Pacific Coast districts. In California the departures from the normal mean temperature were small, averaging about one degree. In Oregon and Washington Territory they were larger, averaging three degrees for the coast districts, and from five to ten degrees for the interior.

Rainfall.—The rainfall has been in excess of the average December rainfall in Oregon and Washington Territory, and below it in California. The greatest excess is found near Puget Sound, where it amounts to five inches; thence it diminishes in all directions, becoming about two inches in Southern Oregon and a half inch in Eastern Washington Territory. The greatest deficiency occurred in the northern portion of the Sacramento Valley, amounting to over two inches. In the remaining portions of the State the deficiency ranges from one-half to one inch.

California—Tabular Statement for December, 1887.

STATIONS.	TEMPERATURE.						RAINFALL.		WEATHER.			WIND.	FURNISHED BY—	
	Mean.....	Highest.....	Lowest.....	Mean High- est.....	Mean Low- est.....	Mean Daily Range.....	No of Days Rain Fell....	Total Rain- fall.....	Mean Relative Hu- midity	No. of Clear Days.....	No. of Fair Days.....	No. of Cloudy Days.....		Prevail- ing Direc- tion.
Auburn, Cal.....	44.8	70	40	.....	.....	.....	.....	4.90	.....	.....	.....	.....	SE.	Southern Pacific Co.
Colfax, Cal.....	58	30	42.4	.....	.....	.....	.....	6.00	.....	.....	.....	.....	S.	Southern Pacific Co.
Eureka, Cal.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Signal Service U.S.A.
Fresno, Cal.....	62.0	27.1	46.3	.....	.....	20.3	6	1.16	78.2	14	12	5	N.	Signal Service U.S.A.
Keeler, Cal.....	42.9	62.8	23.3	.....	.....	18.5	4	0.48	45.4	18	10	3	NE.	Signal Service U.S.A.
Los Angeles, Cal...	53.7	73.2	35.2	63.7	42.6	21.1	4	2.68	74.3	21	7	3	.....	Signal Service U.S.A.
Monterey, Cal.....	53.3	66	37	.....	.....	.....	.....	1.81	.....	.....	.....	.....	SE.	Southern Pacific Co.
Napa, Cal.....	45.2	64.5	31	52.5	38	14.5	10	5.48	.....	14	11	6	S.	Sta. Napa Ins. Asy.
Red Bluff, Cal.....	49.5	67	35	.....	.....	11.6	8	3.22	87.3	11	12	8	SW. W.	J. B. Trembly, M.D.
Paso Robles, Cal...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Red Bluff, Cal.....	48.2	67.7	31.8	55.6	40.2	15.3	11	2.32	67.4	10	10	11	N.	Signal Service U.S.A.
Sacramento, Cal....	46.9	65.0	29.0	55.6	37.6	18.0	8	2.09	77.6	15	13	3	SE.	Signal Service U.S.A.
San Diego, Cal.....	54.6	74.5	35.5	62.2	46.7	15.5	4	1.14	70.7	21	5	5	NE. E.	Signal Service U.S.A.
San Francisco, Cal.	51.7	69.3	40.4	58.0	46.3	11.6	12	3.34	75.0	12	13	6	N. NW.	Signal Service U.S.A.
Santa Barbara, Cal.	52.8	74.2	38	63.2	42.1	21.1	4	4.43	.....	26	1	4	W.	Hugh D. Vail.
Santa Cruz, Cal.....	53.0	72	36	.....	.....	.....	.....	4.58	.....	.....	.....	.....	S.	Southern Pacific Co.
Yuma, A. T.....	53.1	72.5	27.1	64.8	41.3	23.5	1	0.15	56.5	27	4	0	.....	Signal Service U.S.A.

Blank (.....) indicates data missing.

FAIR DAY—One on which cloudiness is 3 or less on a scale of 10. FAIR DAY—One on which cloudiness is from 3 to 7.

CLOUDY DAY—One on which cloudiness is over 7.

REVIEWS AND NOTICES.

De l'Électricité comme Agent Thérapeutique en Gynécologie—
Electricity as a Therapeutical Agent in Gynecology. By Paul
F. Mundé, M. D., Professor of Gynecology at the New York
Polyclinic, etc. Translated and annotated by Dr. P. Ménière,
Professor of Gynecology, etc., etc., Paris; Octave Doin, 1887.

Neither the author nor the translator of this monograph needs an introduction to the medical profession, either of the new or of the old world. Their services to suffering humanity are certainly augmented by this work. Dr. Mundé describes his methods of applying electricity in the various neuroses, inflammations and neoplasms of the female sexual organs. In many of these conditions he regards the results of electrical treatment as far more satisfactory than those of the ordinary routine practice. He concludes that localized electrization is a means of great value, and deserves far more extensive use than it now has. A *résumé* of his opinions is presented in other columns of this journal. Dr. Ménière's annotations are chiefly of a practical character, and are of the greater value conveying as they do opinions founded on a large experience.

The Modern Distrust of Insane Asylums. An Address delivered at the Graduating Exercises of the Medical Department of the University of California, November 15th, 1887. By W. H. Mays, M. D., Professor of Mental Diseases, University of California, Superintendent Stockton State Insane Asylum. San Francisco: C. A. Murdock & Co.

The author's familiarity with the practical treatment of the insane has enabled him to write with force and feeling on what he considers a survival of that dread which the fate of the unfortunate insane during the middle ages, and even in the last century, could not fail to inspire. He briefly indicates the part which the profession took in bringing about the radical change in the care of the insane, which occurred at the beginning of the nineteenth century. That every asylum in its inner life is not above comment or reproach, need not be denied; but the author protests against the acceptance and ready credence of defamatory reports in connection with the management of such institutions, and urges their careful consideration. Public officers and public institutions are exposed to the irresponsible assaults of the dissatisfied elements in a community, or to the malice which may prompt a discharged *employé*; but with the insane asylums the evidence of persons still mentally unsound is often taken, regarding events occurring during periods when they were themselves maniacal. Every practising physician can recall familiar instances, and they should not be lost sight of, if the opportunity occurs, to disabuse the popular mind when "another asylum horror" is carefully "written up."

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States, for the fiscal year 1887. Washington: Government Printing Office.

When we consider the enormous amount of work devolving on Dr. John B. Hamilton, as Secretary General of the Ninth International Congress, a labor performed in addition to his official duties, we must admire his capacity for work, well done. The report for the fiscal year ending June 30th, 1887, shows that 45,314 patients were relieved by the service,

being the largest number since its organization. The volume contains, in addition to the usual statistics, a number of selected cases from hospital practice, and reports of fatal cases, with autopsies. In his report are several matters of immediate public interest. Dr. Hamilton states that "the stations at Delaware Breakwater and Cape Charles serve not only as protection to the several large cities and the States in the immediate vicinity, but through them to the country at large, and the recommendation that these stations be thoroughly equipped with all the modern appliances of quarantine is respectfully renewed." Continuing, he says that the several stations on the Atlantic and Gulf coast should be properly equipped and a station established on the Pacific coast in San Francisco Bay. That money expended in sanitation is well spent, is supported by the result of the recent yellow fever epidemic at Key West, Fla. Recognizing the necessity of a quarantine station at or near that town, Dr. Hamilton urged the passage of the necessary enactment by Congress, but, owing to the lateness of the date, no action was taken. He says: "Had this bill become a law, it is strongly probable that the calamitous epidemic might have been prevented, for the first case, with all its belongings, would have been promptly sent to quarantine." Warned by the experience of the Argentine Republic, where, through a suppression of facts and the concealment of sickness, cholera was imported, the necessity for further legislation in connection with the importation of epidemic disease is expressed. Adequate penalties should be provided and rigidly enforced, for this criminal violation of international law.

BOOKS AND PAMPHLETS RECEIVED.

Report of the Surgeon-General of the Army, to the Secretary of War, for the fiscal year ending June 30, 1887. Washington: Government Printing Office.

Report on Progress in Medicine. By J. B. Marvin, M. D., Professor of Theory and Practice of Medicine and Clinical Medicine, in the Kentucky School of Medicine. [Reprinted from the *Southwestern Medical Gazette*.]

Progressive Muscular Atrophy beginning in the Legs. Same author. [Reprinted from the *Practitioner and News*.]

MEDICAL NEWS.

LICENTIATES OF THE BOARD OF EXAMINERS.

At the regular meeting of the Board of Examiners, held January 4th, 1888, the following physicians were granted certificates to practise medicine and surgery in the State:

- Frank S. Cook, San Francisco; M. Dep. Univ. of Cal., Nov. 15, '87.
- William G. Daniel, Colton; Nashville M. Coll., Tenn., Mar. 2, '57.
- Wm. A. Davison, San Diego; St. Louis M. Coll., Mo., Mar. 13, '73.
- William Dodge, Los Angeles; Coll. of Phys. and Surg., Keokuk, Iowa, June 18, '78.
- Frank F. Dole, Los Angeles; Bowdoin Coll., Maine, May 25, '59.
- Jefferson Carosso Fraser, S. Diego; Bellevue Hosp. M. Coll., Mar. 1, '75.
- G. W. Fuller, San Francisco; Cooper M. Coll. Cal., Nov. 17, '87.
- John Perry Gale, Woodland; Univ. of Pennsylvania, Mar. 7, '87.
- Charles G. Garrison, Santa Ana; Univ. of Pennsylvania, Mar. 15, '65.
- George I. Glaze, San Francisco; M. Dep. Univ. of Cal., Nov. 15, '87.
- William Greig, San Diego; Bellevue Hosp. M. Coll., N. Y., Mar. 10, '81.
- William B. Howard, Modesto; M. Dep. Univ. of Cal., Nov. 15, '87.

- Robert G. Hulbert, San Diego ; Keokuk M. Coll., Iowa, Mar. 2, '80.
 George Merrit Illingworth, Los Angeles; Chicago M. Coll., Ill., Mar. 10, '74.
 J. Wadsworth Keene, National City ; Harvard Univ., Mass., June 26, '78.
 Jennie Tower Leonard, Merced ; Women's M. Coll. of the N. Y. Infirmary, Mar. 2, '77.
 William B. Lindsay, San Francisco ; Univ. Victoria Coll., Province of Ontario, May 5, '69.
 William H. Miller, Grangeville ; Coll. Phys. and Surg., Chicago, Ill., Feb. 23, '86.
 Melvin L. Moore, Los Angeles ; Rush M. Coll., Ill., Feb. 24, '80, and Bellevue Hosp. M. Coll., N. Y., Mar. 15, '82.
 J. M. Mosenn, San Jose ; Coll. Phys. and Surg., Iowa, June 18, '78.
 Heber Robarts, Santa Barbara ; Missouri M. Coll., Mo., Mar. 4, '80.
 Vernon D. Rood, San Diego.
 Christopher A. Sanborn, Redland Lugonia, P. O.; Bellevue Hosp. M. Coll., N. Y., Mar. 15, '82.
 Ida May Stites, San Francisco ; Cooper M. Coll. Cal., Nov. 17, '87.
 Chas. Teubner, San Diego ; Univ. M. Coll., N. Y., Mar. 6, '85.
 T. J. Townsend, San Diego ; Univ. M. Coll., N. Y., Mar. 5, '69.
 Christopher C. Webb, Elsinor ; M. Dep. Univ. of Maryland, Mar. 3, '81.
 William H. Ziegler, Oakland ; Jefferson M. Coll., Penn., Mar. 13, '80.
 WM. M. LAWLOR, Secretary.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department of the U. S. Army (Division of the Pacific), from Dec. 20th, 1887 to Jan. 20th, 1888.

Assistant Surgeon Eugene L. Swift, ordered for duty at Fort Spokane, W. T. S. O. 293. A. G. O. Dec. 17, 1887.

Assistant Surgeon Wm. B. Bannister, ordered to proceed to Fort Lowell, A. T., and report to commanding officer for duty, upon the arrival of Surgeon P. J. A. Cleary at Fort Wingate, N. M. S. O. 135, Dept. Arizona, Dec. 20, 1887.

Major David L. Huntington, Surgeon, will return to his station, San Diego Barracks, Cal. S. O. 84, Div. Pacific, Dec. 24, 1887.

Leave of absence for one month is granted Surgeon P. J. A. Cleary. S. O. 138, Dept. Arizona, Dec. 25, 1887.

Assistant Surgeon Wm. B. Bannister, ordered from Fort Lowell, A. T., to Fort Wingate, N. M. S. O. 3. A. G. O. Jan. 5, 1888.

Captain John J. Cochran, Assistant Surgeon, will proceed to San Rafael, Cal., on public business; on the completion of which, he will return to these Headquarters. S. O. 3, Dept. California, Jan. 17, 1888.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service (District of the Pacific), from December 20th, 1887, to January 20th, 1888.

Assistant Surgeon P. M. Carrington, ordered to examination for promotion.

Passed Assistant Surgeon S. C. Devan, relieved from duty at Port Townsend, W. T., to assume charge of Sapelo Quarantine.

Passed Assistant Surgeon H. A. Glennan, relieved from duty at Key West, Fla., to assume charge of the Service at Port Townsend, W. T.

THE MEDICAL TIMES will be pleased to receive early intelligence of local events of general medical interest, or of matters which it is desirable to bring to the notice of the profession.

Local papers containing reports or news items should be marked.

Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers; of course not necessarily for publication.

All communications relating to this journal should be addressed to 429½ J street, Sacramento, Cal.